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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l.	ı	UINA	11121	runit		MAD IAW	I UNAL G					
Operator						- <del></del>		i	API No.			
3 Way Operating								31	0-025-30	5 <u>/2U</u>		
Address P. O. Box 11005, M	idland,	Texas	79	702								
Reason(s) for Filing (Check proper box)		~ ·	<b></b>			Oth	er (Please expl	lain)				
New Well		Change in	Trans Dry		٦							
Recompletion	Oil Casinghead		-	densate	าี							
If change of operator give name	Camingilous	. 043								<del></del>		
and address of previous operator  II. DESCRIPTION OF WELL	ANDIFA	CF							-, . m.imm		<del></del>	
Lease Name	Well No.   Pool Name, Include					ing Formation Ki					ease No.	
DK	3 DK Abo				_	- 1 d			State, Federal of Fee			
Location B	66	50				c+h	198	80		East		
Unit LetterB	_ :		Feet	From The	1101	rth Lin	e and	F	eet From The	Last	Line	
Section 25 Townshi	ip 20\$		Rang	ge 3	8E	, NI	мрм,	Lea			County	
III. DESIGNATION OF TRAN				ND NA	TURA	AL GAS		1 ' 1.	J	fi_ to be	41	
Name of Authorized Transporter of Oil	$\square$	or Conden	sate		- 1	•			d copy of this f			
Permian  Name of Authorized Transporter of Casinghead Gas						P. O. Box 1183, Houston, Texas 77251-1183  Address (Give address to which approved copy of this form is to be sent)						
Texaco Producing						P. O. Box 3000, Tulsa, Oklahoma 74102						
If well produces oil or liquids,	Unit Sec. Twp. Rge.				≀ge. Is	gas actuali	y connected?	When	n ?		No	
give location of tanks.	A   1	25	<u> 20:</u>	<del></del>		Ye	<del></del>		3/2/8	9		
If this production is commingled with that	from any other	er lease or p	pool,	give comm	ningling	order numi	ber:	<del> </del>				
IV. COMPLETION DATA		Oil Well	<sub>[</sub> _	Gas Well	<del></del> _	New Wall	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	I		OZS WCI	i i	X	WOIROVEI	Deepen	Trug Dack	Came Res		
Date Spudded	Date Compl. Ready to Prod.				Т	Total Depth			P.B.T.D.			
1/23/89	3/2/89					7850'			7797'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				10	Top Oil/Gas Pay				Tubing Depth		
3582 KB 3566EL Abo Perforations						7160			7140 Depth Casing Shoe			
7525-7789									1	7849		
	T	UBING,	CAS	SING AN	VD CI	EMENTI	NG RECOR	SD C				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8"					1593			650 sx			
7 7/8"	5 1/2"				7849			2247 sx				
4 3/4"	<del></del>	2 3/8	8"			7140				n/a		
V. TEST DATA AND REQUES	ST FOR A	LLOWA	ABL.	E				<u></u>				
OIL WELL (Test must be after t					nust be	equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		<u> </u>				ethod (Flow, p.					
3/3/89	3/8/89						Pump					
Length of Test	Tubing Pressure				C	asing Press.			Choke Size	Choke Size		
24 hour	3	80					72		C MCF			
Actual Prod. During Test	Oil - Bbls.				W	Vater - Bbis.	0.4		Gas- MCF			
86	8	36					84			303		
GAS WELL	77.42.42.55				<del>- 15</del>	ble Conde	sate/MACE		Gravity of	Ondensate	·	
Actual Prod. Test - MCF/D	Length of Test				B	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE	$\neg \neg \Gamma$				ATION		\\.	
I hereby certify that the rules and regul						(	JIL CON	NSERV	ATION			
Division have been complied with and that the information given above						MAR 2 3 1989						
is true and complete to the best of my	knowledge an	a belief.				Date	Approve	ed				
Halin 9	10-		ورم				• •			DV 1898Y	SEXTON	
Signature						Ву_		ORIGIN	AL SIGNED	StiPERVISO	R	
Rodney L. Seale		Engir			-	,		1	י ו ישוא וכוע	ware were to a		
Printed Name 3/13/89		915/69	Title [ - 99			Title				<del></del>		
Date		<del></del>	phone		-							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.