Submit 5 Copies
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[,	T	OTRANS	SPORT OIL	AND NAT	TURAL GA	S				
Operator	Well API No.									
Stevens & Tull, I	nc.						7-023-30	7 3 3		
P. O. Box 11005,	Midland,	, Texas	79702				····			
Reason(s) for Filing (Check proper box		OT		Othe	r (Please expla	in)				
New Well Recompletion	Oil	Change in Tra	• —	To add	gas pur	chaser	transpo	rter.		
Change in Operator		Gas 🛛 Co								
change of operator give name ad address of previous operator										
I. DESCRIPTION OF WEL	LANDIFA	SE.								
Lease Name		Well No. Po	ol Name, Includi	ng Formation			of Lease		ase No.	
Kyte		1	Blinebry	y 0il <u>& (</u>	Gas	- State;	Federal or (2)	⁵)		
Location	. 198	an _	et From The	Fast	. 1980	3 -	at Emm The	South	Line	
Unit Letter	·	<u> </u>		LUSU LIN	and		et Floin The			
Section 23 Town	ship 20-S	Ra	_{nge} 38-E	, NI	ирм,	Lea			County	
II. DESIGNATION OF TRA	NSPORTEI	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensate	01	Address (Give	e address to wh				ਜ਼)	
1 CTINT CT					30x 1183					
ame of Authorized Transporter of Casinghead Gas or Dry Gas de Richardson Carbon & Gasoline Corporation				Address (Give address to which approved copy of this form is to be sent) 1st City Bank Tower, 291 Main St., Ft. Worth, TX 761						
If well produces oil or liquids,		S∞. Tw				When	?			
ive location of tanks.	<u> </u>)-S 38-E	<u>Yes</u>			2/3/9	91		
f this production is commingled with the V. COMPLETION DATA	at from any othe	er lease or poo	l, give comming	ling order numl		· · · · · · · · · · · · · · · · · · ·				
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Sarne Res'v	Diff Res'v	
Designate Type of Completic		1	<u> </u>	Total Depth	<u> </u>	l	L DRED	L	<u> </u>	
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casir	ng Shoe		
renorations							Dopar San	.6 001		
	CEMENTING RECORD									
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
			·							
						······································	<u></u>			
V. TEST DATA AND REQU OIL WELL (Test must be after	EST FOR A	LLOWAB	LE oad oil and musi	t be equal to or	exceed top allo	owable for th	s depth or be	for full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	ımp, gas lift,	etc.)			
				Casing Press.	I DP		Choke Size			
Length of Test	Tubing Pressure			Casing Piessore						
tual Prod. During Test Oil - Bbls.			 ,	Water - Bbls.			G25- MCF			
				<u> </u>				····		
GAS WELL	11 27	4		Bbls, Conden	cate AAACE		Gravity of	Conciensate		
Actual Prod. Test - MCF/D	Length of T	CSI		Bois. Conden	PSTED IATTAICT.		Clavity of V	Conconsis		
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)		Casing Press	ire (Shut-in)		Choke Size		 	
				<u> </u>						
VI. OPERATOR CERTIF				\parallel	DIL CON	JSERV	ATION	DIVISIO	N	
I hereby certify that the rules and re Division have been complied with a							, , , , , , , , ,	and the same	1	
is true and complete to the best of n			-	Date	Approve	d			<i>]</i> :	
D. 1 7	Done	_			• •					
Signature L.	2000	<u>e</u>		∥ Ву_				Market N		
Rodnev L. Seal	<u>e</u>	Enginee								
Printed Name 3/20/91	915/69	99 - 1410 ^{Ti}	Цe	Title						
Date		Telepho	one No.							

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.