Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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., Aziec, NM	87410

1000 Rio Brazos Rd., Azzec, NM 8741(REQU	JEST FO	OR A	ALLOWAE	BLE AND	AUTHOR	IZATION					
I. Operator	•	TO TRANSPORT OIL AND NATURAL GA						3				
Seav Exploration, Inc.						Well API No. 30 025 31006						
Address							023 310	<u> </u>				
407 N. Big Sp	ring. Su	ite 20	0, 1	Midland,	Tx 7970)1						
Reason(s) for Filing (Check proper box New Well	,	Change in	Т		Out	es (Piease exp	lais)					
Recompletion	Oil		Dry	God								
Change in Operator	Casinghas		_	denante 🔲								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WEL	L AND LEA	ASE										
Lease Name		Well No. Pool Name, Including Formation			ng Formation		Kınd	of Lease				
House Location		1	1	House, D	rinkard		State	Federal or Federal				
Unit Letter D	33	0	Feet	From The	N Lie.	330	·	set From The	W	• .		
Coming 10 m					——————————————————————————————————————			et riom ine .		Line		
Section 13 Towns	hip 20-S	-	Rang	<u> 38−E</u>	, Nì	MPM, Lea	a			County		
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTE	R OF O	IL A	ND NATU								
Petro Source		or Conden , Ltd.			1			d copy of this fo				
Name of Authorized Transporter of Cas		<u> </u>	or D	ry Gas	Address (Giv	estheime • • • • • • •	er, <u>Sul</u> t Nick approve	e 900 g 1 d copy of this f	nous con,	Tx 77042		
Sid Richardso	n Carbon		_Co		201 ma:			rth, Tx				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 13	1 20	-SI 38-E	is gas actuali		Whe					
If this production is commingled with the					ing order sum	her		····				
IV. COMPLETION DATA												
Designate Type of Completic	on - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	pl. Ready to	Prod		Total Depth	 	<u> </u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Ċg.	Top Oil/Gas Pay			Tubing Dep	Tubing Depth				
Perforations			· · · · · · · · · · · · · · · · · · ·	<u> </u>			Depth Casing Shoe					
								Depar Casin	g outes			
	7	UBING,	CAS	ING AND	CEMENTI	NG RECOR	SD.					
HOLE SIZE	CA	SING & TU	JBING	SIZE	DEPTH SET		•	SACKS CEMENT				
						 	·	+	· - · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQU	EST FOR A	HOW	A ID I	r				1				
OIL WELL (Test must be after					he equal to as	exceed top of	lauable for th	ie denth on he	for full 24 hou	l		
Date First New Oil Run To Tank	Date of Te	a.	v)		Producing M	ethod (Flow, p	ump, gas lýt,	eic.)	jor juli 24 nou	<u> </u>		
Length of Test	Tubing Pre	MALIE			Casing Pressure			Choke Size				
Actual Prod. During Test							C. MCS					
Assess From Extring 1460	Oil - Bois.	Oil - Bbls.			Water - Bbis.			Gas- MCF	Gas- MCF			
GAS WELL				· ································· ······				- 				
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbis. Condensate/MMCF			Gravity of C	Gravity of Condensate			
Tosting Method (pilot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI ODED ATOD CEDTON	(C A TOTAL CO-			1100	 							
VI. OPERATOR CERTIF						DIL CO	NSERV	ATION	DIVISIO	NC		
Division have been complied with a	nd that the info	matioa giv	en abo	Ove			- · · · ·					
is true and complete to the best of my knowledge and belief.			Date Approved AUG 1 3 '52									
VA10 91	Clica					غ∡۔ ٠	Signed	bar -				
Signature	Ju ou				By_	Pa	ul Kent					
Kate Ellison						7	eolog	,				

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

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

(915) 684-6381

Telephone No.

- 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.