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

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

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		Santa	re, r	AEM IATE	XICO 6730	4-2000					
000 Rio Brazos Rd., Aztec, NM 87410						AUTHORIZ					
	<u>T</u>	OTRAN	SPO	RT OIL	AND NAT	TURAL GA	S Well A	DI No			
Operator Exploration an	ator exaco Exploration and Production Inc.								0-025-31140		
Address	1 Produc	CLIOII II	ic.					0 023 3	1140		
P.O. Box 730 Hobbs, No	ew Mexi	co 88240)								
Reason(s) for Filing (Check proper box)					Othe	r (Please expla	in)				
New Well		Change in Tr	•	er of:	Gas Sal	les Line	Connect	ed			
Recompletion \square	Oil Casinghead		ry Gas ondensa	ie 🗆							
Change in Operator If change of operator give name	7	7	4		. 0						
and address of previous operator	exac	o Pr	va	ucer	ig In	<u>د </u>					
II. DESCRIPTION OF WELL	AND LEA	SE					,				
Lease Name		Well No. Pool Name, Including				State			of Lease No. Federal of Fee -		
M.B. Weir B		14	East	Weir	Blinebry	7			<u> </u>		
Location		000		- 6	outh v	. 23	10 Fe	E The	Wes	t Line	
Unit Letter N	_ :	990 F	eet Fron	n The	outh_Line	and43)10 Fe	et From The	wes	Line	
Section 12 Townshi	p 20S	R	ange	37E	, N	мРМ,		L	ea	County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil Texas New Mexico Pipe		C			Address (Giv.	e address to wh					
			- D- ~			ox 2528 H					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Warren Petroleum Corp.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, Oklahoma 74102						
If well produces oil or liquids,	Unit		wp.	Rge.	1 -	y connected?	When	? 5-30-	Q 1		
give location of tanks.	0	12	20S				<u> </u>	3-30-	71		
If this production is commingled with that IV. COMPLETION DATA	from any our	er lease or po	oi, give	Continuing	ing order num	Jet					
IV. COMIDDITION DITTI		Oil Well	Ga	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)					<u> </u>	<u> </u>	<u> </u>		<u></u>		
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
	1				Top Oil/Gas Pay			Tubing Des	The Post		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Old Cas Tay			Tubing Depth			
Perforations					i	 		Depth Casir	ng Shoe		
TUBING, CASING AND					CEMENTI		D	1	CACKO OF UEVE		
HOLE SIZE	SING & TUE	S & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	 				 						
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE								
OIL WELL (Test must be after			load oi	il and must					for full 24 ho	urs.)	
Date First New Oil Run To Tank	irst New Oil Run To Tank Date of Test						ump, gas lift, e	eic.)			
Length of Test	Tubing Pro	ecure			Casing Press	ure		Choke Size			
Lengui of Test	Tuoing Tie	Tubing Pressure									
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
									<u> </u>		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
					Casing Fless	suie (Situt-iti)					
	7 4 500 50				1			.1			
VI. OPERATOR CERTIFIC				CE		OIL CON	ISERV	ATION	DIVISION	NC	
I hereby certify that the rules and regularity Division have been complied with an	manons of the d that the info	mation give	auon a above								
is true and complete to the best of my	knowledge a	ınd belief.			Date	e Approve	db	N V a	1001		
510						.,.p,.o.	<u> </u>			ħ.i	
M.C. Dundy					Bv		<u>.cal</u> the e			5 ° 2	
Signature M.C. Duncan I	Engineer	's Assi	stan	t	-, -		4 10 1		,		

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

Printed Name

06-06-91

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.

Title

Telephone No.

393-7191

- 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.