Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 DECUEST FOR ALLOWARIE AND AUTHORIZATION

	nLuc.	TOTRA	NSF	POI	RT OIL	AND NAT	URAL GA	\S					
Capataz Operating, Inc. 365						Well A				30-025-31300			
				بدر							<u> </u>		
Address P.O. Box 2083, Mic	land,	Texas	79	70	2		s (Please expla						
Reason(s) for Filing (Check proper box)		Change in	Trans	mort	er of:	[] Othe	s (trieare expan	121)					
New Well	Oil		Dry		4							i	
Recompletion	Casinghea	id Gas	Cond		ite 📋	Eff	ective N	ovemb	er	1, 1992			
Change of operator give name	eay	C	0.2	a	مراري	Inc	٠ <u>٠</u>	Mid	land	TX	<u> 19</u> 702.		
and address of previous operator	` 1 '	$t^{\prime} = t^{\prime} t^{\prime} t^{-1}$, 944	j		-		•	,	, .			
I. DESCRIPTION OF WELL A		ASE Well No.	Pool	Nan	ne Includio	ng Formation	in M		ind of	Lease		ease No.	
Lease Name Corrigan 943	5	1				ates-SR	R-9615	s (''')		Epiden Fee	NMN	M85352	
Location		.1	_1		-			_			tr.		
Unit Letter[]	:1	980	_ Feet	Froi	n The	N Line	and99	<u>U</u>	_ Feel	From The		Line	
14	205		Rang	o e	38E	. N	. L ирм,	ea				County	
Section Township													
III. DESIGNATION OF TRANS	PORTE	or Conde	IL A	ND	NATU	RAL GAS	e address to w	hich appr	oved o	opy of this fo	rm is to be si	:ni)	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be seril)												
Name of Authorized Transporter of Casinghead Gas or Dry Gas A						Address (Give address to which approved copy of this form is to be sent) 201 Main St., Fort Worth, TX 76102							
Sid Richarson Carbon	rbon & Gas Co.					. Is gas actually connected? When ?							
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp) .	j kge. 	Yes	y comeaca,	i		1-3-91			
If this production is commingled with that f	rom any ol	her lease or	r pool,	give	comming	ing order num	ber:						
IV. COMPLETION DATA	•						<u>, — — — — — — — — — — — — — — — — — — —</u>	-,			le	Diff Res'v	
	/36	Oil Wel	11	G	as Well	New Well	Workover	Doep	×ευ 	Plug Back	Same Res'v	Pili kes v	
Designate Type of Completion -			la Drad			Total Depth	1	ــــــــــــــــــــــــــــــــــــــ	1	P.B.T.D.			
Date Spudded	ded Date Compl. Ready to Prod.												
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
										Depth Casing Shoe			
Perforations													
		TUBING	, CA	SIN	G AND	CEMENTI	NG RECO	<u>w</u>		ı	SACKS CEN	AENT	
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABI	LE							c 6.11 24 ha		
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ecovery of	iotal volum	e of lo	ad o	il and mus	1 be equal to o	r exceed sop al	lowable)	or thu	depin or be	jor juli 24 no		
Date First New Oil Run To Tank	Date of '					Producing N	lethod (Flow, p	nunup, gaz	1 1 y 1 , E	,c.,			
						Casing Press	Casing Pressure				Choke Size		
Length of Test	Tubing P	lesznie,				Caring							
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.				Gas- MCF			
Actual 1700. During Test						<u>. </u>				1			
GAS WELL										TREMES	Condensate		
Actual Prod. Test - MCF/D	Length of Test					Bbls. Conde	DEALE/MMCF			Gravity of Condensate			
						Casing Pressure (Shut-in)				Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing 1 - country (Color Co)						· · · · · · · · · · · · · · · · · · ·	
AN OBER ATOR CERTIFIC	ATEC	DE COM	IPI I	AN	ICE		011 00	NOT	D11	Λ T! (N I	חואופו	ΟN	
VI. OPERATOR CERTIFIC	ations of it	he Oil Cons	ervalic	00 - M	. 		OIL CO	NSE	ΗV	ALION	ופועוט	OIN	
Division have been comblied with and	that the in	Jornwuon g	inco #	bove		11				.14	M 201	GG ?	
is true and complete to he best of my	knowledge	and belief.				Dat	e Approv	ed					
								g. Si	gned	by.			
- JAMA					 	∥ By .		Paul :	Kaut	4			
Signature . Scott Davis	= .	Р	res.		ent			Geol					
Printed Name 1/1/93		01	Tit		7664	Title)						
1/1/95 Date			clepho		7664 lo.								

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.