Surenit 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

DISTRICT II P.O. Drawer DD, Astesia, NM \$2210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•	10	IMAN	ST(		- AND NA	I UMAL G					
								AP No. 0-025-31936			
Address 10 Desta Drive St	e 100W M	idland	d. T	rx 797	705					-	
Resson(s) for Filing (Check proper box)	2 2000, 11		~, -			nt (Please aspi	lais)			<del></del>	
New Well	Cha	enge in Tr									
Recompletion	Oil Contractor of G		•	_	प्रमुख	CTIVE N	OVEMBER	1 1993			
Change in Operator   I change of operator give name	Casinghead G	<u> </u>	cedes			JOLITH I	.o. Jemen	1 1000	· · · · · · · · · · · · · · · · · · ·		
and address of previous operator											
L DESCRIPTION OF WELL			and No	me lacket	aa Gameiaa		Vind.	of Leans	τ.	eass No.	
WARREN UT BLINEBRY TUB	UT BLINEBRY TUBB WF 106 WARREN BLI						LC 031695B				
Location A	000							т	7 A C TP		
Unit Letter	: 660	F	est Pro	on The NO	DRIH Lin	66	Po Po	et From The _	PUOI	Line	
Section 34 Township	20 S	R	1090	38	E , NO	LE	EA			County	
II. DESIGNATION OF TRAN	CDODTED 4	DE OIT	A BJE	n niatti	DAT CAR						
Name of Authorized Transporter of Oil	ECH	Contracti	SV P	<del>ipe</del> line	Address (Give			copy of this for			
EOTT OIL PIPELINE CO.	(044)	Effecti						COST of this for			
Name of Authorized Transporter of Casing TEXACO EXPL & PROD CO.	poster Cas P	<u>2</u> ₹] α	r Dry (	····	1		• •	OKLA. 74			
If well produces oil or liquids,	Unit Sec		wp.	Rge.	is gas actually		Whea				
pive location of tanks.  If this production is commanded with that i	A 28			38E	YES						
V. COMPLETION DATA											
Designate Type of Completion		il Well	0	ies Well	New Well	Workover	Deepen	Plug Back	Same Reg'v	Diff Res'v	
Data Spudded	Date Compi. R	eady to Pr	rod.		Total Depth		1	P.B.T.D.	<del></del>		
100 BKD FC CD				Top Oil/Ges	-av		Takina Danii				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				10p On Oct 107			Tubing Depth				
Perforations					·			Depth Casing	Shoe		
	מו דר	ING C	ASTN	G AND	CEMENTI	NG RECOR	<u>w</u>	<u>l</u>			
HOLE SIZE					DEPTH SET			SACKS CEMENT			
									·	<u> </u>	
									······		
A MOOT DATA AND DECLED	TEODALI	OWA									
V. TEST DATA AND REQUES OIL WELL (Test must be ofter n	ecovery of lotel v	object of	out load o	nil and must	be equal to or	exceed top all	lowable for this	e depth or be fo	r full 24 hou	FS.)	
Date First New Oil Rua To Tank	Date of Test	<u> </u>			Producing Me	thod (Flow, p	ump, gas lift, a	tc.)			
Length of Test	Tubing Pressure			Casing Press			Choke Size				
									Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Ebia			Car MCF			
GAS WELL	1				<u> </u>					<u> </u>	
Actual Prod. Test - MCF/D	Length of Test	-	-		Bbis. Conden	esto/MEXCF		Gravity of Co	anden state		
Freite Method (nitre hoot on)	Tubing Process	o (Shertain			Casing Proces	es (Shut-ia)	FT	Choks Size		<u></u>	
Testing Method (piset, besk pr.)	I reverse Line		•	=			Į.			<u> </u>	
VL OPERATOR CERTIFIC	ATE OF C	OMPL	LAN	ICE	,	an tata		ATION (	)\/\\\	)N	
I hereby certify that the rules and regul				ł				- 4		<b>717</b>	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved NOV 0 5 1993						
Bill Xear	-0				li .	• •		/ IEDAV CP1	YTOM		
<u></u>	SR. REGUI	ለጥ/ነውህ	7 25	FC	By_	ORIGINAL	SIGNED BY	JERRY SE	ATOR	<del>i.</del>	
Signature BILL, R. KEATHLY Printed Name		Т	ملاة	ec.	Tale		13				
10-29-93	915-68	36-54Ž	24	<del>,</del>	Title			-	<del> </del>		
Date		Teleph	one N	ю.	<u>  </u>						

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.