Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

E gy, 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CAPPOCK OIL	+ GAS INC.	We	II API No.
Address P. Ú. BOX 87	'	7K×195 76	7714
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	·
Recompletion	Oil Dry Gas		
Change in Operator If change of operator give name and address of previous operator	Casinghead Gas Condensate	CEMPANY	BORDX IDZKID
II. DESCRIPTION OF WELL			LAND, TEXAS 7971
Lasse Name STATE	Well No. Pool Name, Included S. J. J. J. C. S. A.	ding Formation SELEN Kir	d of Lease No.
Location	990 R96	15 4/1/92 aurec	1337
Unit Letter /V		<i>C</i>	Feet From The WEST Line
Section T Townsh			County
III. DESIGNATION OF TRAN	NSPORTER OF OIL AND NATU	JRAL GAS Address (Give address to which approve	red copy of this form is to be zent)
Name of Authorized Transporter of Casin	aghead Gas V or Dry Gar	or Affiress (Give address to which approx	
PAILLIPS 66 NATE	The Property of the Property o	E LEDROGIA I TO WASTER	N 11 . (NOF - 311 11 / 1
give location of tanks.	M 24 215 346	166	en? N.A.
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	gling order number:	
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR ALLOWABLE recovery of total volume of load oil and mus	t be equal to or exceed top allowable for t	his depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
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
VI. OPERATOR CERTIFIC	LATE OF COMPLIANCE		
I hereby certify that the rules and regul Division have been complied with and	lations of the Oil Conservation	OIL CONSER\	ATION DIVISION
is true and complete to the best of my l	knowledge and belief.	Date Approved	AU8 2 5 1989
Mun	tollen		Claren av man
Printed Name Title		DISTRICT I SUPERVISOR	
Date (7-1-85)	916-5.3- t500	Title	
UAC	Telephone 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.

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