Submit 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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

RECLIEST FOR ALLOWARI F AND ALITHORIZATION

I.	neu				IL AND NA						
Operator Pote M'11	<u> </u>			ell API No.							
Address TOG POU	d	Mid	Ja	nd.	TX '	7977	15				
Reason(s) for Filing (Check proper box	, ,				X Ou	her (Please expl	ain)				
New Well	Oil	Change in	n Trans	- —	Chan	ge of 0	perato	r			
Recompletion	Oil Casinghe	ad Gas	- ·	iensate			1				
If change of operator give name					<u>' </u>						
						Company, 1331 Lamar, Suite 900, Houston					
II. DESCRIPTION OF WEL									xas 77010-3088		
Lease Name Federal H T		Well No. Pool Name, Include 2 Blinebr			_				of Lease Federal Lease No. Federal or Fee		
Location		1 2	<u> </u>	<u> iiieb</u>	ry oll (<u>x Gas</u>	l			·-	
Unit LetterO	:	3100	_ Feet	From The _	South	e and1	980F	eet From The	East	Line	
Section 1 Town	ship 21	S	Rang	≈ 37E	, N	МРМ,	Lea			County	
DECICNATION OF TO	NCDODT	ED OF O	ATT A	NIEN NIA TE	IDAL CAC						
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Conde		NU NAI		ve address to wi	hich approve	d copy of this t	form is to be s	ent)	
Shell Pipeline Co.								idland, Texas 79701			
Name of Authorized Transporter of Cas	-	×	or Di	y Gas	Address (Gi	Address (Give address to which approved			copy of this form is to be sent)		
Texaco Producir			1=			Box 3			Oklahom	a 74102	
If well produces oil or liquids, give location of tanks.	Unit ()	Sec.	Twp.		e. Is gas actual 7 E	y connected?	When	1 ?			
f this production is commingled with th	ightarrow	her lease or				ber:		•			
IV. COMPLETION DATA		,									
Designate Type of Completio		Oil Well	<u>i</u>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	o P rod .		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					4			Depth Casing Shoe			
TUBING				ING ANI	CEMENTI	CEMENTING RECORD					
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEM	ENT	
			·-,					<u> </u>	····		
										····	
V. TEST DATA AND REQUI								•			
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		of load	l oil and mu	•	exceed top allo ethod (Flow, pu			for full 24 hou	rs.)	
Date That I we won Rull To Talik	Date of 1e	: SA.			1 rouncing ivi	culou (riow, pu	<i>π</i> φ, χ ω 191, ι	ш.,			
Length of Test	Tubing Pro	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL		· · · · · · · · · · · · · · · · · · ·									
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
esting Method (pilot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and reg Division have been complied with an	ulations of the	Oil Conserventation give	vation			DIL CON	SERV)N	
is true and complete to the best of my	COWledge at	nu bellet.			Date	Approved	d	<u> </u>	<u>1 0 8 92</u>		
Signature D-	slls				By_		Signit	D BY RA	y Smilt	\$	
Printed Name	nills	15 10	Title	(50/							
5-13-92	9.	15-68	2-4	4376			·····				

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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