Submit 5 Cories
Appropriate District Office
DISTRICT 1 P.O. BOX 1780, Hobbs, NM \$1240

## State of New Mexico .....ergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-49 See Instructions at Bottom of Page

DISTRICTI P.O. Drawer DD, Arlesia, NM 1210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III		3	Santa F	e, New	Mexico 87	7504-2088					
1000 Rio Brazos Rd., Aziec, NM 87.	RE	QUEST	FOR A	MOM	ABLE ANI		RIZATIO	N			
Operator		10 11	IVIAOL	ONIC	OIL AND N	ATUHAL		II A KEST	<del></del>		
P&P PRODUCING							w	ell API No. 30-025-06666			
P. O. BOX 3178	B, MIDI	LAND,	TEXA	S 797	02-317	8					
Reason(s) for Filing (Check proper bo	ur)					thes (Please es	xplain)				
Recompletion	Oil Casingh	Change i	Dry G	as [	]			1-93			
If change of operator give name and address of previous operator	GRAHA	M ROY	ALTY	, LTD	٠,	P.O. BC	X 4495	. HOUS	том т	EXAS 77	
IL DESCRIPTION OF WEL	LANDI	FACE						7 11000	1011, 1	EARS //	
Lease Name	IN THE TOTAL	Well No.	Pool N	ame, Inclu	ding Formation	······································	T vi				
Location BLINEBRY GAS		RY OIL			d of Lease e, Federal or F	ee)	Lease Na				
Unit LetterJ	:_	1980	Frat Fra	om The	S		1880		D		
19	19 21C 27D Line and 1980 Feel From The									Line	
Section Town	ship		Renge			MPM,	EA			County	
III. DESIGNATION OF TRA	NSPORT	ER OF O	IL ANI	TEAN C	IRAT, GAS		•				
or semi-potent transporter of Off	- <del></del>	or Conden	ر عله		Address (Gi	we address to r	which approve	d copy of this	form is to be	ieni)	
TEXAS NEW MEX  Name of Authorized Transporter of Case	Cas [	Address (Give address to which approved copy of this form is to be sent)  BOX 60028, SAN ANGELO, TX 76906  Address (Give address to which approved copy of this form is to be sent)									
TEXACO EXPLOR	ATION	& PROD	UCIN	G IN	Accress (Gir	we <i>address so</i> w C. 3000	which approved	d copy of this ;	orm is to be s	eni)	
If well produces oil or liquids, give location of traks.	Unit	Soc.	Twp		le gas actual	y connected?	When		102		
I this production is commingled with the	H H	19	21	37	<u> </u>	YES		9/4,	91		
V. COMPLETION DATA	- 110111 2117 001	rèt lease of l	POOT, EDVE	commung	ling order num	ber:	DHC	641			
Designate Type of Completion	· (X)	Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	l	1	<u> </u>			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation								P.B.T.D.			
					Top Oil/Gas Pay			Tubing Depth			
erformione					L			Depth Casin	Shoe	<del></del>	
		URING (	CASINO	3 AND	CELIENTIN	IC DECCE					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			CACAG OCITICA			
						<u> </u>		SACKS CEMENT			
	<del> </del> -		<del></del>								
	<del> </del>										
TEST DATA AND REQUES  IL WELL  Test must be often.	ST FOR A	LLOWA	BLE					l	<del></del>		
IL WELL (Test must be after rate First New Oil Run To Tank	Date of Test	al volume of	load oil	and must b	e equal to or i	scred top allo	wable for this	depth or be fo	r full 24 hour.	f.)	
	J	•			Producing Met	nos (Flow, pu	mp, gas lýt, ei	(c.)	-		
ragth of Test	Tubing Pressure				Casing Pressure			Choke Size			
must Prod. During Test	Oil - Bbls				Water - Bbis			A 1/00			
					Mei - Boik			Gu- MCF			
AS WELL			··-	<del> </del>					<del></del>		
and Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
ting Method (pitot, back pr.)	Tubing Presi	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
	•										
OPERATOR CERTIFICA	ATE OF	COMPL	IANC	E I	· <del></del>						
I hereby certify that the rules and regula	Lians of the ()	il Consenati	·~		0	IL CON:	SERVA	TION D	IVISIO	4	
Division have been complied with and the true and complete to the best of my to	ne ine intorm oovledge and	belief.	MOOVE		<b>.</b>			6 1993			
P 11					Date A	hpproved!					
Similarry R. BOREN MGR. OPER ACCTC					By ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name					DISTRICT I SUPERVISOR						
9/23 1993	10	ті 915) 68	U <b>e</b> 2 - 47	60	Title						

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 Service 1 7 17 and 14

Telephone No.