Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, 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 1900 Rio Brizos Rd., Azzec, NM 8	7410	Santa Fe,	New A	Mexico 87504-208	8			
I,	REQUEST	FOR ALL	-OWA	BLE AND AUTHO	ORIZAT	ION		
Operator CAMPBELL & H	CAMPBELL & HEDRICK				OIL AND NATURAL GAS Well API No.			
P. O. BOX 401,		NS 7070	- 			30-025-066	76 ————————————————————————————————————	
Reason(s) for Filing (Check proper		AS 797()					
New Well		e in Transporte	ਸ਼ of:	Other Please	explain)			
Recompletion [Off	Dry Gus						
If change of operator give name	Casinghead Gas	Condensa	te 🗌					
and address of previous operator _								
II. DESCRIPTION OF WE								
Lease Name HARDY	Well \$\text{\text{Mell }} \text{}	e, Includi	ing formation		Kind of Lease State, Federal of Fee	NML 6532891C		
Unit Letter P	:530	Feet From	The _S		530		P	
Section 19 Tow	215		37E	Line and		Feet From The	Loc	
100	vnsh.p	Range		, NMPM,		LEA	County	
III. DESIGNATION OF TR	LANSPORTER OF	OIL AND	NATUI	RAL GAS				
Name of Authorized Transporter of C TEXACO TRADING & T	XI or Com. TRANSPORTATION	densate	_ <u></u>]	Address (Give address:	o which app	woved copy of this form	U W De sent	
Name of Authorized Transporter of C		or Dry Gas				, parce 000, no	puscon, $TX = 7/20$	
		— — —	· ـــــا	Address (Give address to	о which арр	rowed copy of this form	is to be sens;	
I well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp		Is gas actually connected	17	When?		
this production is commingled with I	that from any other lease of	or pool, give co	comineli:	ng order number				
V. COMPLETION DATA								
Designate Type of Completi	on · (X)	til Gas	Well	New Well Workover	r Deep	on Plug Back San	ie Resiv Diff Resiv	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth				
levations (DF, RKB, RT, GR, etc.)						P.B.T.D.		
to the state of the state of				Top Oil/Gas Pay		Tubing Depth		
eriorations			<u> </u>			i		
						Depth Casing Sho	×	
HOLE SIZE CASING & TURNO SIZE			AND C	D CEMENTING RECORD				
	CASING &	CASING & TUBING SIZE			DEPTH SET SACKS CEMENT			
			+					
TEST DATA AND REQU	EST FOR ALLOW	ABLE						
IL WELL (Test must be after alle First New Oil Run To Tank	er recovery of total volume	e of load ou an	d must be	e equal to or exceed top a	illomable foi	e this dente or he for 6:	136	
Date of Test				Producing Method (Flow, pump, gas lift, etc.)				
ecgth of Test	th of Test Tubing Pressure			Casing Pressure	· · · · · · · · · · · · · · · · · · ·	Chair		
stual Prod. During Test						Choke Size		
The Daily Test	Oil - Bbls.		γ	Valer - Bbis		Gas- MCF		
AS WELL								
Prod. Test - MCF/D	Leight of Text		- B	bls. Condensate MMCF				
ting Method (pitot, back pr.)						Gravity of Conden	eate .	
	Tubing Pressure (Shu	(-in)	·	asing Pressure (Shut-in)		Choke Size		
L OPERATOR CERTIFI	CATE OF COME	PLIANCE	_					
Division have been complied with an	pulsuous of the Oil Conser			OIL CO	NSER	VATION DIV	ISION	
is true and complete to the best of mi		en above						
1 + H.	f_1			Date Approve	ed	3137		
Signature	there		_	D.,				
Signar HEDRICK , JR	• PAR	TNER		By	CIPAIPE	DV IEDDY CENTO	N.	
Printed Name 12/10/93 915-684-4393				OPIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT SUPERVISOR				
Date		phone No.		11110			•	

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
- 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.