Submit 5 Copies
Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		S	anta F	e, New N	Aexico 87:	504-2088				ر به معدونی		
I.	REC	UEST F	OR A	LLOWA	BLE AND	AUTHO	RIZATI	ON		mark and a sign and to and the sign of a sign of a		
Operator		10 10	ANOP	ONIO	L AND N	RIUHAL	<u> </u>	Well	API No.			
Mirage Energy, I	30-025-079											
c/o Oil Reports Reason(s) for Filing (Check proper box)	S Gas S	ervice	s, Ir	nc.,PP.				M	.88241			
New Well		Change i	л Талаго	orter of:		ther (Please ex						
Recompletion	Oil Casinghe		Dry G	as 🗆		E	Eff. 1	1/	1/92			
If change of operator give name and address of previous operator Me-	-Tex Su	pply C			ox 2070	, Hobbs,	NM	883	24 1			
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name		Well No. Pool Name, Include			1 27				of Lease Lease No.			
Yates St. Location		l Sandhills			s GB/SA			Scarce	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Unit LetterN	_ :	1980	_ Fect Fr	rom The	West u	ne and66	0 ·	F	eet From The	South	Line	
Section 32 Towns	ip 20	S	Range	39E	۸,	IMPM,				Lea	County	
III. DESIGNATION OF TRAI	NSPORTI	ER OF O	IL AN	D NATI	TRAL GAS							
Name of Authorized Transporter of Oil XX or Condensate						we address to	which app	roveo	copy of this fo	orm is to be s	eni)	
Navajo Refining Co. Name of Authorized Transporter of Carin	Navajo Refining Co. Name of Authorized Transporter of Casinghead Gas X or				Box 15	9. Arte	9. Artesia, NM 88210 address to which approved copy of this form is to be					
Texaco Producino Ir	-	نف	or Dry	<u> </u>		000. Tul						
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 32	7 mp. 20S	Ree.		ly connected?		Vhen		'01		
I this production is commingled with that			1			ıber;			2/10/	0 1		
IV. COMPLETION DATA									·			
Designate Type of Completion	- (X)	Oil Well	1 (Gas Well	New Well	Workover	Deep	eo	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.	 -	1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casing	Depth Casing Shoe		
		TIDINIC	CACD	TC AND	(T) (T) T	VG 2200						
HOLE SIZE		SING & TL			CEMENTING RECORD DEPTH SET				SACKS CEMENT			
					05.111001				CATOLOGIA (
						······································						
IL WELL Test must be after t				مرسم المحمدان	he equal to an	arrand ton all	laurahla far	- 44.7-			,	
Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Pressure Choke Size							
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gu- MCF			
										·		
GAS WELL ACTUAL Prod. Test - MCF/D	1)	H-1.			(SI) - S							
want tot test - MCLID	Length of Test				Bols. Condensate/MMCF				Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
I. OPERATOR CERTIFIC				CE		NI 00:						
I hereby certify that the rules and regular	Mions of the	Oil Conserv	ation			DIL CON	ISER	VF	ATION D	_		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedNOV 0 6 '92							
Work Holy								Žű o	d p ⊼			
Signature					By Foul Kautz							
Donna Holler Agent Printed Name Title					Title							
1 1 / 4 / 9 2 Date		505-3			rille.							
		1 et et	boos 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) Senarate Form C-104 must be filed for each root in multiply appealated malls.

RECEIVED
HOV 0 5 1992
OCD HOSSS OFFICE