## DISTRIBUTION SANTA FE

## NEW MEXICO OIL CONSERVATION CON HO

	FILE		┼	REQUES	T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11					
	U.S.G.S.	U.S.G.S.		<del> </del>	AND						
	LAND OFFICE		╁╼╁╸	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		GAS					
		OIL	<del>  -   -</del>	4		. 0.0					
	IRANSPORTER	GAS	<del>                                     </del>	-							
	OPERATOR	<del></del>	<del>                                     </del>	_							
l.	PROPATION OF	ICE									
	ME-TEX SUPPLY COMPANY										
	Address										
	P.O. Box	207	0, Hc	obbs, NM 88240	_						
	Reason(s) for filing (Check proper box)			Other (Please explain)							
	Recompletion	Ħ		Change in Transporter of:							
	Change in Ownership	.⊠			Change of Op	erator					
	If change of owners and address of prev	hip give	name								
					UM CORP., P.O.Box 24	03 Hobbs NM 88240					
Ц.	DESCRIPTION O	F WEL	L AND	LEASE							
	YATES ST			Well No. Puol Name, Including	SAN ANDRES Kind of La	I Lagge No					
	Location			1 1 DANDHILLS	GRAIBURG Side, Fee	STATE 45-0118					
	Unit Letter N		. 198	80 Feet From The WEST	.na god 660	SOUTH					
	Line of Section	32				The SOUTH					
	Line of Section		То	waship 20S Range	39E , NMPM, L	EA County					
ш.	DESIGNATION OF	F TRA	NSPOR	TER OF OIL AND NATURAL G	:40						
	Traine of Matherines	r ramapor	ret or Ott	YX or Condensate	Address (Give address to which app	roved copy of this form is to be sent					
	NAVAJO R	EFIN	ING (	CO							
				einghead Gue The or Dry Gae		NM 88210					
	TEXACO P			Unit Sec. Twp. Ege.	BOX 3000, TULSA	OK 74102					
	if well produces oil of tank	e. St lidmqi	),	N 32 20S 39F							
,	If this production is	commi	igled wi	th that from any other lease or pool		2/10/81					
IV.	COMPLETION DA	TA			. Rive commingling order number:						
	Designate Typ	e of Co	mpletic	on - (X)	New Well Wolfchel Deebeu	Plug Back   Same Resty.   DUL Resty.					
	Date Spudded			Date Compl. Ready to Prod.	Total Depin						
					Total Depth	P.B.T.D.					
	Elevations (DF, RKB	, KT, C	t, ele.,	Name of Producing Fermation	Tup Cii/Gas Pay	Tubing Depih					
	Perforations										
	r a totallons					Depth Casing Shoe					
Ì	MOLE SIZE		THRING CASING AN	0.00							
Ì			CASING & TUBING SIZE	D CEMENTING RECORD							
					DEPTRIET	SACKS CEMENT					
,	<del></del> .										
ŀ	<del></del>										
v l	TECT DATA AND	DEAL	Com D								
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of food oil and must be equal to or exceed top allowable.  OII. WELL										
Ī	Date First New Oil R	un To Te	aur a	Date of Test	Producing Method (Flow, pump, gas IIII, etc.)						
-	· · · · · · · · · · · · · · · · · · ·										
	Length of Test			Tubing Pressure	Casing Pressure	Chose Size					
ŀ	Actual Prod. During T			Oil-Bhia.							
				011- 8548.	Water - Bb.s.	Ges - MCF					
•											
_	GAS WELL										
	Actual Prod. Teet-Mi	CF/D		Length of Test	Bala. Consensate/AMCF	Gravity of Condensate					
-	Testing Method (pitol	back or		Tubing Pressure (Shut-ia)							
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	i mind Lissans ( 2006-70 )	Cosing Pressure (Shut-La)	Choke Sise					
VI. (	CERTIFICATE OF COMPLIANCE				011 001100						
	hereby certify that the rules and regulations of the Oil Consequent			-	OIL CONSERVATION COMMISSION APPROVED MAR 2 0 1989						
Į				egulations of the Oil Conservation							
•	bove is true end/c	omplete	plied w	ith and that the information given best of my knowledge and belief.	BY ORIGINAL SIGNED BY JERRY SEYTON						
	A land to the same better.			and the same and t	A: CWMSOM I CALLED						
		$/ \mid \downarrow \mid$	111_		TITLE	CTT SUPERVISOR					
_	/ [ ] [ ] [ ] [ ] [ ]		47		This form is to be filed in compliance with RULE 1184.						
-	VICE-PRESIDENT (Tule)				If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well is accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted wells.						
_											
_	3/1/89										
			(Det	•/	well name or number, or transport	I. III, and VI for changes of owner, let or other such change of condition.					
					a Prome P 184 must be filed for rest next to emistally						

NO. OF COPIES RECE	<b>-</b>	-	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OF			

Supersedes Old C-104 and C-11:)

NEW MEXICO OIL CONSERVATION COMMISSION Porm C-104 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator 2037 C Address Reason(s) for filing (Check proper box) Other (Please explain) Recompletion CII Dry Gas Change in Ownership Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No., Poc. Name, Including Formation Lease No. State, Federal or Fee mascar: Sali Mili Location Feet From The ..... Unit Letter Range \_\_ , NMPM, Township County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate [ Name of Authorized Transporter of Ci. or Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas Sec. Ege. Twp. is gas actually connected? When If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Same Restv. Diff. Restv Plug Back Gas Well New Well Workeyer Deepen Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Date Spudged Tubing Depth Top Oil/Gas Pay Elevations (DF, RAS, RT, GR, etc., Name of Producing Formation Depth Casing Shoe Periorations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SE HOLE SIZE CASING & TUBING SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Weined (F.ou., pump, gas lift, etc.) Date First New Cil Bun To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure 1 ength of Test Gas - MCF Water - Bhip. Cil-Bbis. Actual Prod. During Test GAS WELL Actual Pros. Tent- MCF/D Bbls, Condensute/MMCF Gravity of Condensate Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE Orig पाल्टा के I hereby certify that the rules and regulations of the Oil Conservation Total Saxwin Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Dist. & Supe. TITLE This form is to be filed in compliance with BULE 1104. If ther is a request for allowable for a newly drilled or despend

	•
To factore	2800
(Signature)	
(Tale)	And the second s
Lating ti, foot (Pare)	

well, this form must be accompanied by a tabulation of the deviation tests telephon on the wall in accordance with BULE 111.

All so, done of this fair must be filled out completely for ellowable on new and recompleted wells.

Till out only Sections I. II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

topicate borns C-100 must be filed for each pool in multiply condition with