	r už		New Mexico Itairal Resou	fexico Resources Departme.				Form C-104 Revised 1-1-19 See Instructions				
DISTRICT II P.O. Drawer DD, Artesia, NM \$8210	on	DIVIS	SIO	N		M B	ottorn of Page					
DISTRICT III		Sant	a Fe,		Box 2088 Iexico 875	504-2088	}					
1000 Rio Brizos Rd., Aztec, NM - \$7410 I	REQUES				BLE AND							
P&P PRODUCING, INC.					Weil				30-025-20368			
Address P. O. BOX 3178	, MIDLAND,	TE	XAS	،797	02-3178	3						
Reason(s) for Filing (Check proper los) New Well		ge in Tr			α	her (Please	expla	in)	·······	<u>-</u>		
Recompletion Change is Operator	Oil Casinghead Gas	Др	ry Gas			Et	; • . •	-	1-02	3		
f change of operator give name and address of previous operator	GRAHAM RC				• , 1	P.O. E	зох	4495	, HOUS	TON, T	EXAS 77	
L DESCRIPTION OF WELL	AND LEASE											
Lease Name		No. Po			ing Formation			0.44	of Lesse Federal of F			
Location		<u> </u>			E_SKELI							
Ualt Letter G	_:1980	Fe	d From		<u>N_</u> Li	e and			cel From The	<u> </u>	Line	
Soction 19 Townsh	ip21S	R	nge	371	EN	MPM,	LE.	A			County	
II. DESIGNATION OF TRAI				NATU				-				
-	of Authorized Transporter of Cill X or Condensate TEXAS NEW MEXICO PIPE LINE				Address (Give address to which approved copy of this form BOX 60028, SAN ANGELO,						-	
Name of Authorized Transporter of Cash	thorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy					form is so be	6906 1111)	
TEXACO EXPLORA f well produces oil or liquids,	<u>TION & PR</u> Unit Soc.							TULSA	<u>, ok 7</u>	4102		
ve location of tanks.	<u>н 19</u>		21	37		YES		i				
this production is commingled with that V. COMPLETION DATA	from any other lease	or pool	.					<u>+C</u>	333			
Designate Type of Completion	- (X)	Vell	Ga	s Well	New Well	Workove	r	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.				
Jevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation				Top Oil/Cee Pay				Tubing Depth			
rforstions												
									Depth Casi	ng Shoe		
					CEMENTING RECORD				SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE		. <u></u>									
	+					<u> </u>						
. TEST DATA AND REQUE					· · ·							
ILWELL (Test must be after 1 The First New Oil Rue To Tank	Date of Test	me of lo	ad oil	and musi	be equal to or Producing M					for full 24 ho	urs.)	
ength of Test	Tubing Pressure				Casing Press				Choke Size			
	Où - Bbit											
ctual Prod. During Test				Water - Bbla				Gu- MCF				
GAS WELL	.4				·			<u>-</u>				
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
sting Method (pilos, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)				Choke Size			
L OPERATOR CERTIFIC	ATE OF CON	APLL	ANC	E		<u> </u>						
I hereby certify that the rules and nigul Division have been complied with and									ATION		NC	
is true and complete to the best of my !			~~**		Date	Approv	ved	00	261	393		
Par A Bore	_											
Signa CARRY R. BOREN	 MGR., O	PFP	<u> </u>		By_	UKIGIN	DIST	NGNED I	ey Jerry J perviso	SEXTON		
Printed Name		Tiu	٤		Titla							
9/20 1993	(015	1683	3-47	768								
7/2 1993 Date		elephon										

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.