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

State of New Mexico

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 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer D.D., Arlesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Operator							Well API No.			
Operator							025 23795			
Address										
P. O. Box 730 Hobbs, New	w <u>Mexico</u>	88240	-2528							
Reason(s) for Filing (Check proper box)					s (Please expla					
New Well			Transporter of:	EF	FECTIVE 6	-1-97				
Recompletion	Oil Casinghead		Dry Gas Condensate							
(da_80 t2 0)mm										
and address of previous operator	co Produc		. P. O. Bo	x 730	Hobbs, Nev	w Mexico	88240-25	28		
	I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Include						of Lease No.		ease No.	
PERCY HARDY				-	BURG		State, Federal or Fee		80	
Location					<u> </u>		· · · · · · · · · · · · · · · · · · ·			
Unit Letter O	990		Feet From The S	OUTH Lin	and2310) Fe	et From The EA	ST	Line	
Section 17 Townshi	p 21	S	Range 37E	, N	ирм,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AND NATI	JRAL GAS						
Name of Authorized Transporter of Oil	[D]	or Condens		Address (Giv		- •	copy of this form			
Texas New Mexico Pipeline	60.3he		reline	<u> </u>		 _	ver, Colora			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Texaco Exploration	 .						ce, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 17	Twp. Rge 21S 37E		is gas actually connected? When ? YES 08/23/71					
If this production is commingled with that	from any other	er lease or p	ood, give comming	gling order num	ber:					
IV. COMPLETION DATA		10:22:	0-39.9	Nom. 317-11	Wadan	D	Plug Back Sa	me Darle	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Досреп	l Ling Back (2)	une Kesy	jan kerv I	
Date Spudded	Date Comp	L Ready to	Prod.	Total Depth	l <u></u>	<u> </u>	P.B.T.D.			
	_									
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing	Shoe	· · · · · · · · · · · · · · · · · ·	
				· <u></u>		_				
	CEMENTI	CEMENTING RECORD								
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	ļ									
	 		- -	 	. <u></u>		 			
	 			-			†			
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE			· · · · · · · · · · · · · · · · · · ·	<u> </u>		 	
OIL WELL (Test must be after	recovery of tol	al volume d	of load oil and mu	st be equal to or	exceed top all	owable for th	s depth or be for	full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Tes			Producing M	ethod (Flow, p	emp, gas lift,	etc.)			
				Cacina Barre	Coolea Program			Choke Size		
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure					
Actual Prod. During Test	Oil - Bbls.			Water - Bbis	Water - Bbls.			Gas- MCF		
World Lion varing too.	Oil - Boil.									
GAS WELL		· - · ·								
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	Bbis. Condensate/MMCF			Gravity of Condensate		
				<u></u>				Only Fire		
Testing Method (pitot, back pr.)	Tubing Pre	saure (Shut-	-in)	Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIANCE		OII	1055	ATION	11/101/	````	
I hereby certify that the rules and regu				- 330		N2FHV	ATION D		אנ	
Division have been complied with and that the information given above				II JU	JUN 1997 Date Approved JUN 11991					
is true and complete to the best of my	knowledge az	d belief.		Date	Approve	id	<u> </u>			
Z.M. Will	/ , ,									
	∥ By_	By								
Signature K. M. Miller	C. M. Miller Div. Opers. Engr.						Picins Grands	115 Z 4t		
Printed Name		015 5	Title 588-4834	Title	·		is and which			
May 7, 1991			phone No.							
S. Carlo		140	F	!!						

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) Separate Form C-104 must be filed for each pool in multiply completed wells.