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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

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State of New Mexico gy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Azzoc, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		1016	MINOP	JH I U	IL AND MA	HUHALG					
Operator ) IENROC OIL	CORPORATION							Well API No. 30-025-25040			
Address P.O. Bex 597	70. Hor	BBS A	IM SE	8241	- 5970		<u></u>		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
Reason(s) for Filing (Check proper b						her (Please exp	lain)			<del> </del>	
New Well	/	Chance i	ів Ттальро	eter of	~	ince (1. second exch	iaut)				
Recompletion	Oil		Dry Ga			_					
Change in Operator		-	_		EH.	ective.	NOV	1,19	93		
If change of operator give name	Casingne	ad Gas	Concen	tale	9/1						
and address of blessions obeistor.				~->						<b>-</b>	
II. DESCRIPTION OF WE	LL AND LE										
STATE WE'BB	*	Well No. Pool Name, lack Z Eumonts				ding Formation Kind			<b>x</b>	Less No. - 392	
Location	: <i>?</i>	210			14-46	90	24'				
						e and	I			47 Line	
Section /3 Tow	nship <u> </u>	?/5	Range	35	E N	мрм,			<u>ea</u>	County	
III. DESIGNATION OF TR Name of Authorized Transporter of O											
LOTT Energy Flinding					Address (Give address to which approved			deopy of this form is to be sent) Hocas foca , TX 77210-4664			
Name of Authorized Transporter of C	aninghead Gas		or Dry (	ias	Address (Give address to which approve			d copy of this form is to be sent)			
If well produces oil or liquids,	8 Cerpson	Corpontion			4044 PEN 8WOR.			desdo,	7x 79	7762	
give location of tanks.	D	/3	1	35€		1/05	When	□ ? ~/A			
If this production is commingled with a IV. COMPLETION DATA	hat from any oth	er lease or	pool, give	comming	ling order sum	ber:					
		Oil Well	G	u Well	New Well	Workover	Deepen	Phue Rack	Same Res'v	Diff Resiv	
Designate Type of Completi		1						1 110, 222			
	Date Comp	Date Compil. Ready to Prod.				Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Dep	th		
erforations								Depth Casing Shoe			
									g upon		
TUBING, CASING A				G AND	D CEMENTING RECORD			<del></del>			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								<b>†</b>		<del></del>	
TECT DATA AND DECL	CCT FOR						<del></del>				
TEST DATA AND REQU											
OIL WELL (Test must be after that New Oil Run To Tank	recovery of low	al volume o	of load oil	and must i	be equal to or e	exceed top allow	vable for this	depth or be f	or full 24 hou	n,	
AND THE THE OU KIND TO THE	Date of Test				Producing Method (Flow, pump, gas lys. et			ıc.)	£.)		
ength of Test	Tubing Press	Tubing Pressure				Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls			Gas- MCF			
AS WELL  TOTAL Prod. Test - MCF/D											
culai Prod. 1 est - MCF/D	Leagth of Te	GI .		1	Bols, Condense	⊌/MMCF		Gravity of Co	adensale		
sting Method (pitot, back pr.)	Tubing Press					Casing Pressure (Shut-in)			Choke Size		
	<u></u>								wrest diff		
I. OPERATOR CERTIFIC	CATE OF C	COMPI	JANC	F				<del></del>			
I hereby certify that the rules and regu	lations of the Oi	Consesso	tion.		0	IL CONS	SERVA	TION	NISIO	N	
DIVIDOD have been complied with and	that the informa	Ition aives	above	- 11				<b>OIT</b> L	,, <del>,</del> 1010	14	
is true and complete to the best of my	knowledge and	belief.		- 11	Data						
160 11 1 2 1					Date Approved NOV 3 0 1993						
I don't into and					f						
Signature Merchant Bresident					By ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name Title					11 50. EV A1208						
11-10 1953	(20	5) 39	7-355	96	Title _						
Date		Teleph	ione No.	— II							

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.