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

State of New Mexico Energy, Minerals and Natural Resources Department 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., Aziec, NM 87410

DISTRICT.II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	1	OTRA	INS	PORT	JIL	AND NA	URAL GA	Nell A	PI No			
Dovle Hartma	n							WEII A	<u> </u>			
Address V.O. 56K 1046	26	Mic	d ( a	and,		X_ 70	7701 T (Please expla					
Reason(s) for Filing (Check proper box)	<del></del>				-	Othe	т (Please expla	zin)				
New Well		Change in		· _	٦							
Recompletion	Oil	_	Dry	_		Fffee	tive Nov	ember 1	1992			
Change in Operator X	Casinghead			denmate								
			Corp	oratio	n,	6501 No	rth Broa	dway, Ol	klahoma	City, O	73116	
II. DESCRIPTION OF WELL A	AND LEA		-		1?	- F		V: 2	V   acca	1.	ase No.	
Lease NameWell No.Pool Name, IncludeNew Mexico "AA" State1Jalmat (Y									Kind of Lease State, Federal or Fee		B-934	
Location Unit Letter H	.:198	0	_ Feet	From The	No	orth Line	and66	0 Fe	et From The	East	Line	
0.0	220			2.6				Lea			County	
Section 22 Township			Ran				ирм,	пса			County _	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
rens or numerized framposter or Off		J. CA1064										
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Sid Richardson Carbon & Gasoline Co.						Address (Give address to which approved copy of this form is to be sent) P.O. Box 1226, Ja1, NM 88252 (505) 395-2110						
If well produces oil or liquids,						Is gas actually		When	?			
give location of tanks.	<u>i i</u>		<u>i                                     </u>	<u>i_</u>		Yes			June 14,	1950		
If this production is commingled with that f  IV. COMPLETION DATA	rom any oth	er lease or	pool,	give comm	ingli	ng order numi	oer:					
Designate Type of Completion -	· (X)	Oil Wel	1	Gas Wel	1	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready L	o Proc	1.		Total Depth	· · · · · · · · · · · · · · · · · · ·	•	P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations						<u> </u>			Depth Casin	Depth Casing Shoe		
											<del></del>	
TUBING, CASING AND									1	0.000 051/517		
HOLE SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT			
									+			
	-								<del> </del>			
V. TEST DATA AND REQUES	T FOR 4	LLOW	ABI	ĿĔ		L	<u> </u>		<u> </u>			
OIL WELL (Test must be after re	ecovery of 10	otal volume	of la	 ad oil and r	rust	be equal to or	exceed top all	owable for the	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te		.,			Producing M	ethod (Flow, p	ump, gas lift,	elc.)			
Date I I is I few Oil Note 10 I max									[C. J. C.			
Length of Test	Tubing Pressure				Casing Press	ите		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
						1			_1			
GAS WELL Actual Prod. Test - MCF/D	Length of Test					Bbls. Conder	sate/MMCF		Gravity of Condensate			
	The state of the s				Casing Pressure (Shut-in)			Choke Size				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Silm-in)							
VI. OPERATOR CERTIFIC	ATE OF	COM	PLL	ANCE				NSERV	ΔΤΙΩΝ	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above						OCT 2 9 '92						
is true and complete to the best of my knowledge and belief.						Date Approved						
Day Hand						By ORIGINAL SIGNED BY JERRY SEXTON						
Signature Doyle Hartman								HSTRIGT I	<del>SUPBRVISC</del>	<del>R</del>		
Printed Name /0/8/92	915	1684-	Tit -40	//	_	Title	<u> </u>					
Date		Te	lepho	ne 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) Separate Form C-104 must be filed for each pool in multiply completed wells.

15// EBCO Lot # 261