Submit 5 Copies
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	BEC Corporation							Well API No.					
Address				M	4416	nd Tar		70700					
<u> </u>	P.O. E		374	IAT	IQTE:	nd, Tex		79702					
Reason(s) for Filing (C) New Well	heck proper	bax)		.	-		X Oth	et (Please expl	ain)				
	H			Change in	•		Operat	or Name	Change	Only			
Recompletion	Oil Dry Gas From Bliss Energy Corporation Casinghead Gas Condensate												
Change in Operator	<u> </u>		Canngnead	I Gas	Conde	DSRICE							
If change of operator gi and address of previous	operator		··	· • · · · · · · · · · · · · · · · · · ·									
II. DESCRIPTION OF WELL AND LEASE													
Lease Name Greenwood				Well No.			ng Formation			Kind of Lease State, Federal or Fee Fee		sase No.	
			2			renrose	Skelly Grayburg		3	,			
Location Unit Letter.	L		:198	<u>0</u>	. Feet F	rom The S	outh Lin	e and66	01	Feet From The	hest	Line	
Section	9 т	ownship	228	3	Range	37 E	, N	мрм,	Lea			County	
			FOTT	Fnord	11/ Ca	\rn							
III. DESIGNATION	ON OF T	TRANS	POPTE	ROPO	LAN	DINATU							
Name of Authorized Ti	-		XEIIE			3	Address (Give address to which approved copy of this form is to be sent)						
			Transportation				Box 1			, Texas			
Name of Authorized Ti	•	_			or Dry				• • •	ed copy of this f		nt)	
Warren Pet		<u>Div.</u>						<u>.589 Tul</u>			74102		
If well produces oil or liquids, give location of tanks.			Unit Sec. Twp. Rge.				,			When?			
			<u> </u>	9	22 S	1 37E	Ye			9-6-8	<u> </u>		
If this production is corr IV. COMPLETIC			om any othe	er lease or	pool, gi	ve comming!	ing order num	ber:					
Designate Type	of Comp	letion -	(X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded			Date Compi	l. Ready to	Prod.		Total Depth		1	P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)			Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations										Depth Casin	Depth Casing Shoe		
 													
			T	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE			CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
							_						
													
V. TEST DATA	AND RE	QUEST	Γ FOR A	LLOWA	BLE			 -					
OIL WELL 1	est must be	after rec	overy of lou	al volume	of load	oil and must	be equal to or	exceed top allo	wable for th	is depth or be j	for full 24 hour	s.)	
Date First New Oil Run	To Tank		Date of Test			· · · · · · · · · · · · · · · · · · ·	Producing Me	thod (Flow, pu	mp, gas lift,	elc.)			
Length of Test			Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test			Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL		<u>-</u>											
Actual Prod. Test - MC	F/D	1	Length of T	est			Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
Testing Method (pitot, b	ack pr.)		Tubing Pres	sure (Shut-	·in)		Casing Pressu	re (Shut-in)		Choke Size			
VI. OPERATOR	CERT	IFICA	TE OF	COMP	LIAN	ICE		NI 000		ATION			
I hereby certify that t	the rules and	d regulati	ions of the C	Dil Conserv	ation			DIL CON	ISERV	'ATION I	סוצועוכ	'N	
Division have been complied with and that the information given above										11	AD O A	1000	
is true and complete to the best of my knowledge and belief.							Date Approved MAR 3 0 1990						
l1 1/ 1/													
Jeorge Van Huse							Orig. Signed by						
Signature George Van Husen Agent							By_			Geologist			
Printed Name Title 2=27-90 915 682-1828						Title	·						
Date				Telep	phone N	ю.							

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.