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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	97410	S	ianta Fe, N	lew I	Mexico 87	504-2088						
I.	REC	UEST F	FOR ALL	OWA	ABLE AND	AUTHOR	RIZATIO	ON	1			
Operator		TOTR	ANSPOR	RT O	IL AND N	ATURAL (GAS					
John H. He		Wes				II API No.						
Address 223 W. Wal	l, Suite	525									·	
Midland, T Reason(s) for Filing (Check proper	_	701										
New Well	box)	Change in	n Transporter	ofi .	0	ther (Please exp	plain)					
Recompletion	Oil		Dry Gas	"X	•							
Change in Operator	Casinghe	ad Gas	•		EFFI	ECTIVE	7-24-	-91	ì			
If change of operator give name and address of previous operator _												
II. DESCRIPTION OF WI	CII AND IE	ACE					····					
Lease Name		Pool Name	Includ	ding Formation Kind				of Lease FEDERAL Lease No.				
Elliott Hir				y OIl & Gas			tino Hale,	Federal or Fe	_	RAL Lease No. 002951		
Location							L				102931	
Unit LetterE	:-165	50	Feet From T	he No	orth_Li	ne and99	90	_ Fe	et From The	West	Line	
Section 12 Tor	waship 225										£-418	
14 10	Wilding 22.	<u> </u>	Range 3	37E	, N	МРМ,		Le	:a		County	
II. DESIGNATION OF THE	RANSPORTE	R OF O	IL AND N	ATU								
Name of Authorized Transporter of (or Conden	[Δ4	ζ,	Address (Give address to which approved				•				
Texas New M Name of Authorized Transporter of (pelin	or Dry Gas	(222)	Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sen								
Техасо Ехр.				X.X							ent)	
If well produces oil or liquids, ive location of tanks.	Sec. Twn Rge			Box 3000, Tulsa. e. Is gas actually connected?			OK 74102 Vhen ?					
	12	22S	37E	E Yes				January, 1957				
this production is commingled with V. COMPLETION DATA	that from any other	er lease or p	ool, give com	uningli	ing order numl	ber:						
		Oil Well	Gas W	eli	New Well	Workover	I Deam	. 1	Di D I I			
Designate Type of Complet		i	İ			, weikovei	Deeper	n 	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth		1		P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay							
				Top Gib Gas ray				Tubing Depth				
erforations	-			L					Depth Casing	Shoe		
		III DIG C	7 . A									
HOLE SIZE		ING, CASING AND (CEMENTING RECORD								
	CAS				DEPTH SET				SACKS CEMENT			
TEST DATA AND REQU	FST FOR AL	LOWAL	DIE									
	er recovery of total			must b	e eaual to or e	reed ton allow	unble for 1	bin a	damel a. b. C.		•	
ate First New Oil Run To Tank	Date of Test	- <u> </u>		F	roducing Met	hod (Flow, pur	φ, gas lift,	, elc	.)	Juli 24 hour.	s.)	
ngth of Test		·-·										
ngm or resc	Tubing Press	Tubing Pressure			Casing Pressure				Choke Size			
tual Prod. During Test	ng Test Oil - Bbls.				Water - Bbls.				Gas- MCF			
AS WELL							·····		-			
al Prod. Test - MCF/D Length of Test				B	Bbls. Condensate/MMCF				Gravity of Condensate			
ting Method (pitot, back pr.)	Tuhing Pressu	bing Pressure (Shut-in)			Casing Pressure (Shut-in)				Olah 65			
-6 (Paos, Saca pr.)			,					C	Choke Size			
OPERATOR CERTIFIC	CATE OF C	OMPLI	ANCE	$\neg \mid_{\Gamma}$				_l_		·		
I hereby certify that the rules and reg	ulations of the Oil	Conservation	On		Ol	L CONS	SERV	ΆΊ	TION DI	VISIO	V	
Division have been complied with and that the information given above a true and complete to the best of my knowledge and belief.									A (11)	n K 10	191 .	
Knonda Man las					Date Approved				AUG 0 5 1991			
Rhonda Hunton	~ ~ ~				Ву		a W.	4° ()	<u> </u>			
Rhonda Hunter Prod. Asst.					By <u>Edda W Sony</u> - Die S. Gae ingenieus							
8/1/91 915-684-6631					Title							
Date		Telephor	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.