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

State of New Mexico ergy, Minerals and Natural Resources Departn. 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TRA	ANS	PORT	OIL	ANU NA	UHAL GA	NS Wall?	IFI No.				
Operator									30-025-10363				
Dawson Operating Company													
Address				70707									
P. O. Box 403,	Midlan	d, Tex	kas	79702		Color	z (Please expla	uin l					
Reason(s) for Filing (Check proper box)			_				a (1 tema extre	,					
New Well		Change in									Ì		
Recompletion	Oil	با	Dry		_	•							
Change in Operator X	Casinglies			lennate [	<u> </u>								
If change of operator give name	a n oi	1 & Ga	as C	orp.,	P.	O. Box	5926, I	lobbs, 1	M 8824	1	<del></del>		
II. DESCRIPTION OF WELL.	AND LE	ASE	1= -		-141	Farmation		Kind	of LeaseSta	te L	ease No.		
Lease Name Well No. Pool Name, Including Langlie Ma										Pederal or Fee B-934			
New Mexico M State		24		een G									
Location		- 0					198	30 r.	et From The .	East	Line		
Unit Letter O	- :	50	_ Fed	From The	·	South Line	and		et i ioni ino .				
- 10 m	. 22	25	Rans	. 37	Έ	. NN	ирм,	Lea			County		
Section 19 Township	,		Киц	<u>(c</u>		1				•			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Injection Well													
Name of Authorized Transporter of Oil or Condensale							Address (Give address to which approved copy of this form is to be sent)						
Idalia di Ammonina Hamponia di Si													
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address									copy of this f	orm is to be se	ent)		
Tamb or Verrystron Hembores or Cremit			<del></del>										
If well produces oil or liquids,	l Unit	Sec.	Twp. Rge.		Rge.	Is gas actually connected?			nen ?				
give location of tanks.	1 1	1 1 1			•								
If this production is commingled with that I		er les se or	nool.	pive come	nineli	ng order mumb	er:						
IV. COMPLETION DATA	lom any our	M 10230 OI	poor	<b>5</b> 2.0 00									
IV. COMPLETION DATA		Oil Well		Gas We	11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	· (X)	100 1100		<b>J</b>	-	i		İ	L	<u> </u>			
		al. Ready to	Prod			Total Depth			P.B.T.D.				
Date Spudded Date Compl. Ready to Prod.							_						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Cas I	ay		Tubing Dep	Tubing Depth			
Perforations	<u> </u>					<u></u>			Depth Casir	ng Shoe			
Lettoranom													
TUBING, CASING AND							NG RECOR	D					
101 5 0175	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
HOLE SIZE	CASING G TODING SIZE												
									<u> </u>				
	<del></del>								<u></u>				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E		·				C C.II 24 how	1		
V. TEST DATA AND REQUES OIL WELL (Test must be after to	covery of to	nal volume	of loa	d oil and	musi	be equal to or	exceed top allo	wable for thi	s depth or De	JOF JILL 24 HOR	<i>73.)</i>		
Date First New Oil Run To Tank	Date of Te	a				Producing Me	thod (Flow, pu	mp, gas lýl, e	uc.)				
TOTAL ADVANCED IN THE PROPERTY OF THE PROPERTY									Choke Size	Choke Size			
Length of Test	Tubing Pressure					Casing Pressu	T.C		Cuosa				
Zeugu w 1944									Ges MCF	Gae- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			0.00					
						<u></u>							
	·												
GAS WELL	11 :					Bbls. Conden	sale/MMCF		Gravity of Condensate				
Actual Prod. Test - MCF/D	Length of Test												
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size				
lesting Method (pitot, back pr.)	Inping 14	MRUE (300	1-m)				•						
						\							
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE		(	OIL CON	ISFRV	ATION	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation						1							
Division have been complied with and that the information given above									1AY 17	1993			
is true and complete to the best of my knewledge and belief.							Approve	d ·					
to the Samon						By ORIGINAL SIGNS BY JERRY SEXTON							
Signature Vice Procident						BISTING! I SUPPRIVISOR							
Joe R. Dawson Vice President						Tale							
Printed Name	a ·	15-699				ll line							
5-6-93 Date			ephone			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. with Rule 111.
- 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.