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

1

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., Aztec, NM 87410	REQI	JEST F	OR AL	TOM	BLE AND	AUTHORIZ	ZATION					
I.	TO TRANSPORT OIL AND NATURAL GAS								ell API No.			
Operator Operating					0-025-10368							
Dawson Operating		1 00 020 2000										
P. O. Box 403,	Midlar	nd, Tex	xas 79	9702			 					
Reason(s) for Filing (Check proper box)			т		Oth	et (Please expla	in)					
New Well Recompletion	Oil	Change in	Dry Ga		nee-		0.2					
Change in Operator	Caringher	ad Gas	Conden		EIIe	ctive 4-1	. - 93					
	& D O:	il & Ga	as Co:	rp.,	P. O. Box	5926 , 1	lobbs,	NM 8824	1			
II. DESCRIPTION OF WELL												
Lease Name	Well No. Pool Name, Includi				ding Formation				LeaseState Lease No. Federal or Fee R-934			
New Mexico M State						ittix seven Rivers			Federal or Fee B-934			
Location	0.03				eyberg	. 990	r •	Feet From The .	West	Line		
Unit LetterL	_ :231	LU	_ Feet Fn	om The _	South Lin	e and	<u></u>	rection in .				
Section 19 Township	p 225	3	Range	37E	,N	MPM, L	ea			County		
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL AN	D NAT	URAL GAS							
Name of Authorized Transporter of Oil	Address (Gn	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701										
Texas New Mexico Pipe Line Co.					P. O.	Box 1510	Midl	and, Texa ed copy of this f	nd, Texas /9/01 copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas [Texaco Expl. & Prod., Inc.					P. O. Box 3000, Tulsa			a, Oklah	, Oklahoma 74102			
If well produces oil or liquids,	Unit	Sec.	Twp	Rg	c. Is gas actuall		Whe	n ?				
give location of tanks.	C	29	22S	37E				5-28-	31			
If this production is commingled with that I	rom any oti	per lease or	pool, giv	e commi	igling order num	ber:						
IV. COMPLETION DATA		Oil Wel	1 (as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		_i	i_		<u> </u>	<u></u>		J _{DDTD}	L	J		
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Dep	Tubing Depth			
								Depth Casin	Depth Casing Shoe			
Perforations												
	TUBING, CASING AND				D CEMENTI	NG RECOR	<u>D</u>		SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		_	SAOKS CEMENT			
	 				_							
	- FOB		ANTE							<u> </u>		
V. TEST DATA AND REQUES OIL WELL (Test must be after to	iT FOR A	ALLUW otal volume	ABLE of load o	oil and m	ist be equal to o	exceed top allo	mable for 1	his depth or be	for full 24 how	rs.)		
Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)							
				Casing Press			Choke Size	Choke Size				
Length of Test	Tubing Pressure Oil - Bbls.			Casting 11000								
Actual Prod. During Test				Water - Bbls	Water - Bbis.			Gas- MCF				
GAS WELL	.,	н.			16F1- C	neste/MMCE		Gravity of G	Condensate			
Actual Prod. Test - MCF/D	Length of Test				Bols. Conde	Bbls. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	F COM	PLIAN	ICE	- - (OIL CON	ISER\	/ATION	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation					1	J, L J J I			in L.			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	a Approve	d ·	i	Hite or *			
$()$ ρ Λ					- []	Date Approved						
for he James					By_	By ORIGINAL WENSEL BY STREET SEXTON						
Signature Joe R. Dawson	<u>v</u>	ice Pr		nt	11							
Printed Name	Ω	15-699	Title 1444		Title)						
5-6-93	- 11	11										

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.