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Appropriate District Office
DISTRICT J
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, Anteria, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

1

•						ATUDAL GA					
TO TRANSPORT OIL						TI UTAL GI	Wall A	API No.			
Dawson Operating Company							3	0-025-1	0-025-10369		
Address	ing compe										
P. O. Box 403	, Midlar	id, Tex	kas 7	9702							
Reason(s) for Filing (Check proper box					O	ther (Please explo	ain)				
New Well		Change in									
Recompletion 📙	Oil	_	Dry G	,	Effec	tive 4-1-	. 93				
Change in Operator X	Casingher		Conde					·····		· · · · · · · · · · · · · · · · · · ·	
f change of operator give name and address of previous operator B	C & D O	1 & G	as Co	rp., P.	O. Bo:	x 5926,	Nobbs, 1	M 8824	1		
L DESCRIPTION OF WEL											
Lease Name	IL AND DE	Well No.	Pool N	lame, Includi	ng Formation	9 QNC		of Lessota	-	ease No.	
New Mexico M State		42	Lan	glie Ma	ttix Se	ven River	State,	Federal or Fe	B-9	934	
Location							ı		Moat		
Unit LetterE	:1	650	Feet F	rom The _N	orth L	ne and <u>892</u>	Fe	et From The .	west	Line	
. 10 m	ushin 22S		Danas	37E	,	NMPM,	Lea			County	
Section 19 Town	isnip 220		Range			4411 1114					
III. DESIGNATION OF TRA	ANSPORTE	R OF O	IL AN	ID NATU	RAL GAS	Inject	ion Wel	1			
Name of Authorized Transporter of Oi		or Conde			Address (G	ive address to wi	hich approved	copy of this f	orm is to be s	ent)	
					ļ			manu në elite ë	arm is to be a	ent)	
Name of Authorized Transporter of Ca	singhead Gas		or Dry	Gas	Address (G.	ive address to w	nich approved	copy of Inut J	v m 13 10 04 31	/	
	1 17-5		T	Dec.	la gue activa	illy connected?	When	7			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Kgc.	In Rue service						
f this production is commingled with the	at from any oil	er lease or	pool, gi	ve comming	ing order nur	mber:					
V. COMPLETION DATA	 .,		, , &					γ	·		
		Oil Wel		Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					 * 5		<u> </u>	DDTD	L		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	1		P.B.T.D.			
The state of the s	- No	-Ani-a E			Top Oil/Ga	s Pay		Tubing Dep	th		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					ļ ·						
Perforations					L			Depth Casing Shoe			
TUBING, CASING AND					CEMENT	ING RECOR	D	T SAGUE OF WENT			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
											
					 						
V. TEST DATA AND REQU	EST FOR	LLOW	ABLE	,						•	
OIL WELL (Test must be after	er recovery of u	stal volume	of load	oil and must	be equal to c	or exceed top allo	owable for the	s depth or be	for full 24 how	ers.)	
Date First New Oil Run To Tank	Date of Te	a			Producing N	Method (Flow, pu	emp, gas lýt,	etc.)			
								Choke Size	Choke Size		
Length of Test	Tubing Pro	sture			Casing Pres						
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	ls.		Gas- MCF			
Union Lion rains test	Ou - Buis.							<u></u>		 	
GARAMET I					<u></u>			-			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Cond	ensate/MMCF		Gravity of	Condensate		
WORRI LION 1884 - MICLID	Tenfan or rese										
osting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
The second se											
VI. OPERATOR CERTIF	ICATE OF	COMI	LIA	NCE		OIL CON	ICEDV	ΛΤΙΩΝ	חואופות	NC	
I hereby certify that the rules and re	gulations of the	Oil Conse	rvation			OIL CON	ADELL A	AHON	אטועו	J1 V	
Division have been complied with a	and that the info	rmation giv	en abov	e							
is true and complete to the best of r	ny knowledge a	nd belief.			Dat	e Approve	d				
					1	ØS DIE ØS FA					
F:					By.			SUL ATAL			
Signature Joe R. Dawson	V	ice Pr		ent	H						
Printed Name	^	15 600	Title	1	Title	e					
5-6-93	9	15-699 Tel	-1444 ephone l								
Date		10	· p., 4		T I						

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.
- 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.