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

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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Operator		TO TH	ANSI	JOHT OIL	- AND NA	TONALGA	Well.	API No.			
Dawson Operating Company							l l	30-025-10371 🗸			
Address											
P. O. Box 403,	Midla	nd, Te	xas	79702						···	
Reason(s) for Filing (Check proper box)		<u>-</u>			Oth	et (Please expla	iin)				
New Well		Change in	~								
Recompletion	Oil	<u></u>	Dry (	Gas 🖳	-1-93						
Change in Operator	Casingher	d Gas	Cond	ensate							
If change of operator give name	& D O	il & G	as C	orp., P.	O. Box	5926, 1	lobbs, l	M 8824	1		
•				<del></del>							
II. DESCRIPTION OF WELL	h1 1 .1	Vin Formation   Vin			of Leuse State Lease No.						
Lesso Name	Well No.   Pool Name, Included 44   Langlie Ma							Federal or Fe	_	934	
New Mexico M State		44		een Grey		veir kirver				223	
Location	16	50				e and990	. 10.	at Emmy The	East	Line	
Unit LetterI	_ :		_ Fect	From The	Outer Lin	e and	r	et Flom The			
Section 19 Townshi	p 229	5	Rang	e 37E	, NI	мрм,	Lea			County	
Section 23 Townson	<u> </u>										
III. DESIGNATION OF TRAN	SPORTE	CR OF O	IL A	ND NATU	RAL GAS		ion Wel				
Name of Authorized Transporter of Oil or Condensate Address (Give address							ich approved	copy of this f	orm is to be s	eni)	
Name of Authorized Transporter of Casing	thead Gas		or Di	y Gas	Address (Giv	e address to wh	ich approved	copy of thus	orm is io oc s	ini)	
	1			<del></del>	It and the second 42		1 11/2	When ?			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.			Kgc.	is gas actually connected?			PGM (			
		Ĺ <u>.</u>	ــــــــــــــــــــــــــــــــــــــ		!		l				
If this production is commingled with that	from any oth	Del icase of	pool, [	ive comming	ing ourer menta	oca				<del></del>	
IV. COMPLETION DATA		Oil Wel	<del>- 1</del>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	IOU WEL	1	Oas Well	1		i,	i	İ	<u> </u>	
Date Spudded		pi. Ready to	o Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.			
Dat Spaces		,			!						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<del></del>							Depth Casir	ig Shoe		
								1			
	TUBING, CASING AND							SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	ļ							<del> </del>			
	ļ							<del> </del>			
	ļ										
TOTAL AND DECLIE	TEOD	HOW	ADII	<del></del>	1				<del></del>		
V. TEST DATA AND REQUES OIL WELL (Test must be after to	I FUR F	allicov.	ofloa	u 1 oil and must	he equal to or	exceed top allo	nuable for thi	s depth or be	for full 24 hos	ers.)	
OIL WELL (Test must be after n  Date First New Oil Run To Tank	Date of Te		oj iou	2 04 072 77	Producing Me	thod (Flow, pu	mp, gas lift, d	esc.)			
Date lang as On Kut 10 1 mm	Date of 16	•									
Length of Tex	Tubing Pressure				Casing Pressure			Choke Size			
League of 102											
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
	}							<u> </u>			
CACAUELI	<del></del>										
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
ACUSE FIGU. 1684 - MCP/D	Longin or 1000										
Feeting Method (pitot, back pr.)	Tubine Pre	saure (Shu	t-in)		Casing Press.	ire (Shut-in)		Choke Size		:	
tending intention (prior, out a pr.)		<b>,</b>	-								
THE OPEN A TON CONTROL	ATT OF	COM	) I A	NCE					D0 404	<b>7NI</b>	
VI. OPERATOR CERTIFIC	ATE OF	Oil Corre		NCL		OIL CON	ISERV				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								1637	7 1993		
is true and complete to the best of my h	mowledge a	nd belief.		•	Data	Approve	d ·				
	-				Date	Thhings					
- S. 1 //	سيهرر					ORIGINAL S		1 17722Y 58	EXTON		
Signature					II RA-	ORIGINAL S	NOCH SE	MAN "EOR			
Joe R. Dawson	V:	ice Pr		ent_	<b>{</b>						
Printed Name	Ω	15-699	Title 1 4 4	Δ	Title						
5-6-93	<u> </u>		chhone	······································							
Date		- w	-1		11						

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.

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