## DISTRIBUTION NEW MEXICO OIL CONSERVATION COM ION ANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 LE Effective 1-1-65 AND 3 G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL FRANSPORTER OPERATOR PRORATION OFFICE Operator Address Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner and was a missis of the n ... -II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Location Line and Feet From The West Feet From The 27.50 Line of Section Township Range , NMPM, Address (Give address to which approved copy of this form is to be sent) ulana -Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Twp. Unit Sec. P.ge. If well produces oil or liquids, When 793 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oll Well Gas Well Workover Deepen Plug Back Same Restv. Diff. Restv Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Cosing Pressure Choke Size Actual Prod. During Test Cil-Bbls. Water - Bbls. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in ) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED\_ I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY.

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	(Signature)	
<u>l</u> )	(Title)	

(Date)

This form is to be filed in compliance with RULE 1104.

TITLE

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.

Lease No.

County

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, name or number, or transporter, or other such change of condition. Canarata Torms C-104 must be filed for each and in multiple