Submit 5 Copies
Appropriate District Office
DISTRICT I
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

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

10447
oil well.
Lease No.
· ·
West Line
County

Section 24 Townshi	p 22	<u>-S</u>	Range	3/E	, N	МРМ,	L	ea		County
III. DESIGNATION OF TRAN	ISPORT	ER OF C	II. ANI	D NATI	RAT. GAS					
Name of Authorized Transporter of Oil	Γ ' Χ1	or Conde	ensate			e address to w	hich approved	d copy of this	form is to be s	ent)
Texas-New Mexico P	ipe I	ine O	lomp ar	J 7.77	1	130, на				
Name of Authorized Transporter of Casin	ghead Gas	X	or Dry		Address (Giv	e address to w	hick approved	come of this	form is to be a	
GPM Gas Services C	ompan	ıV	•		4044 P	enbrool	s Stra	o + O d .	COM IS IN DES	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 24	Twp. 22S	Rge. 37E	Is gas actuali	y connected?	When	1-8-7	-	'X 79762
If this production is commingled with that IV. COMPLETION DATA	from any o	ther lease or					OHC 79:			
Designate Type of Completion	- (X)	Oil Wel	1 G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Con	npl. Ready t	o Prod.		Total Depth			P.B.T.D.		
Elevation: (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations			L			Depth Casing Shoe				
		TURING	CASIN	G AND	CEMENTO	NG RECOR	D			
HOLE SIZE CASING & TU				DEPTH SET			SACKS CEMENT			
								 		
V. TEST DATA AND REQUES OIL WELL (Test must be after re				l and must	be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	rs.)
Date First New Oil Run To Tank				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
CACAMELI	L	·						<u> </u>		

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)	(5)	
resumg Medicu (paos, ouck pr.)	ruoning rressure (Strut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

	_/				
	X	mss	unden		
Sign L.	ature M.	. •	Supervisor	Reg	Affairs
	1ed Nan 2 - 0	ne 1-93	(915)	368·	tle - 1488
Date	:			Telepho	one No.

OIL CONSERVATION DIVISION DEC 03 1993

Date Approved . ORIGINAL SIGNED BY JERRY SEXTON By_ DISTRICT I SUPERVISOR

Title_

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 with Rule 111.
- 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.