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 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 TO TRANSPORT OIL AND NATURAL GAS

I.	T	OTRAN	SPORT OI	_ AND NA	TURAL GA					
Operator		Well API No.								
Dawson Operating		<u></u>	] 30	-025-10508 🗸						
Address P.O. Box 403, Mi	dland T	x 79702	)							
Reason(s) for Filing (Check proper box		1 19102		Out	er (Please expla	in)				
New Well	=	Change in Tra	insporter of:			•				
Recompletion	Oil		y Gas	Eff	ective 4	-1-93				
Change in Operator	Casinghead	Gas 🗌 Co	ondensate	1111	- OVIIVO 4	1 )				
If change of operator give name	C & D Oil	l & Cas	Corp	P O Ro	v 5926	Hobbe	NM 882	<i>ሌ</i> 1		
• •		-	COLD.,	1.00.00	A 1920,	поппо,		St.1	<del></del>	
II. DESCRIPTION OF WEL			<del> </del>			. T	<u> </u>	<del> </del>		
Lease Name			ol Name, includ	-	YA Direct	9001 8	of Lease Sta Federal or Fe		<b>.ease N</b> o. 934	
New Mexico M Stat	.e	1/   1	anglie Ma	illix se	veii ktvei	.s. 1			934	
	. 66	50 Fe	et From The	Couth L:-	660		et From The	Llogt	Line	
Unit LetterM	:Ω\	)(/ re	et Prom Inc	DOMIN M	e and	r	et From The	west		
Section 29 Town	ship 22S	Ra	inge 37E	, N	MPM, ⊺.∈	·a			County	
III. DESIGNATION OF TRA  Name of Authorized Transporter of Oil		OF OIL or Condensate			e address to wh	ich anne	Learn of this	form je to be a	ent)	
	$\square \Delta$						•			
Texas New Mexico Pipe Line Company  Name of Authorized Transporter of Casinghead Gas					P.O. Box 60628, Midland, TX 79711  Address (Give address to which approved copy of this form is to be sent)					
Texaco Expl. & Prod. Corp.					P.O. Box 3000, Tulsa, OK 74102					
If well produces oil or liquids,	vp. Rge.									
give location of tanks.		<u>_</u>								
If this production is commingled with the	at from any othe	r lease or poo	l, give comming	ling order num	ber:					
IV. COMPLETION DATA		( <del></del>	<b>1</b>	1	<u> </u>	<del></del>	1 ~ ~ .	la	himn i	
Designate Type of Completion	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
-	_	-								
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Forma	ation	Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations								Depth Casing Shoe		
renorations							Depui Casia	ig Shoe		
	т	IRING CA	ASING AND	CEMENTI	NG RECOR	<u> </u>	<u> </u>			
HOLE SIZE		ING & TUBIN		CENTERVIT	DEPTH SET		T	SACKS CEM	ENT	
		ONORTO & FORM OF OLE								
V. TEST DATA AND REQU	FCT FOD A	LOWAD								
OIL WELL (Test must be afte				he equal to or	exceed too allo	wable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		<del></del>		ethod (Flow, pu					
Length of Test	gth of Test Tubing Pressure				Casing Pressure			Choke Size		
							Gee MCE	Gas- MCF		
Actual Prod. During Test	al Prod. During Test Oil - Bbls.				Water - Bbis.			on me.		
	_1			l			1			
GAS WELL Actual Prod. Test - MCF/D	12 650			DU 0-4-	ADICE		Consider of C	'an dan assa		
Actual Prod. 1est - MCP/D	Length of Te	:SI		Bbls. Condensate/MMCF			Clavity of C	Gravity of Condensate		
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
results (Face), each p. 9					, ,					
VI. OPERATOR CERTIFI	CATE OF	COMPLI	ANCE				- <b>k</b>	1		
I hereby certify that the rules and reg					DIL CON	SERV				
Division have been complied with an	d that the inform	nation given a					MAY	17 19	<b>33</b>	
is true and complete to the best of m	y knowledge and	belief.		Date	Approved	t	1 1/71			
					• •			-		
Signature					By OMENAL MONS STURRY SEXTON					
Signature Joe R. Dawson	Vio	ce Presi	dent			PCT I SUP				
Printed Name 5-6-93	91	Tit 5-699-14		Title				<u></u>		
Date		Telepho								
- <del></del>				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 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.