Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							l l	.PI NO.	-10 /		
Dawson Operating	Company						30	-025-10	014 🗸		
Address											
P.O. Box 403, Mi		7970	2								
Reason(s) for Filing (Check proper box))				Oth	er (Please expla	un)				
New Well		hange in T	•		Eff	ective 4	-1-93				
Recompletion	Oil	$\overline{}$	Dry Gas	$\overline{}$							
Change in Operator X	Casinghead	Gas 📙 C	Condens	nate							
If change of operator give name	C & D Oil	& Gas	Cor	p. P.	O. Box	5926, Ho	obbs, NM	88241			
							. — —				
II. DESCRIPTION OF WELL	L AND LEAS	SE I		CTION W		· · · · · · · · · · · · · · · · · · ·		f Lease Sta	to 1.	ease No.	
Lease Name		F			ng Formation	ovon Pivo	V 0 0	Federal or Fe	Lei –	934	
New Mexico M Stat	e	22	Lar	ійтте м	allIX 50	even Rive	TD .		1 1		
Location				3.7	lanth	. 1	080 -		Fact	Line	
Unit LetterB	:66	<u> </u>	Feet Fro	om The $\frac{N}{N}$	Orth Lin	e and1	. 70U Fe	et From The	rabl	100	
	a:- 000		Dac	37E .	N.T	мрм, Теа	2			County	
Section 29 Towns	ship 22S	1	Range	<u> </u>	, 140	······································				******	
III. DESIGNATION OF TRA	NSPARTED	OF OII	ANI	NATIII	RAL GAS	TNIF	CTION W	ELL			
Name of Authorized Transporter of Oil		or Condens			Address (Giv	e address to wh	uch approved	copy of this f	orm is to be se	ent)	
			l	LJ							
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
•											
If well produces oil or liquids,	Unit S	Sec. 1	Гwр.	Rge.	ls gas actuali	y connected?	When	?			
give location of tanks.		1		1	<u> </u>		L_				
If this production is commingled with th	at from any other	r lease or po	ool, giv	e commingl	ing order num	ber:					
IV. COMPLETION DATA						l w. ·		Dive Deal-	Same Beck	Diff Res'v	
Designate Trans of Commission	m - (V)	Oil Well	0	ias Well	New Well	Workover	Deepen	i Ling Hack	Same Res'v	Pull Kes v	
Designate Type of Completion		Decde: 4: '	<u> </u>		Total Depth	I	<u> </u>	P.B.T.D.	L	_1	
Date Spudded	Date Compl.	. Keady to i	1704.		Toral relati			r.B.1.D.			
-	NCP	duales Tr-			Top Oil/Gas	Pay		Tubing Dep	th		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Perforations								Depth Casing Shoe			
t etter where									_		
		IRING (CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
FIOLE SIZE	- OAG	<u></u>									
											
								1			
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE						6an 6.11 24 k	ere)	
OIL WELL (Test must be after	er recovery of total	al volume o	f load o	oil and must	be equal to o	exceed top alle	owable for the	s depth or be	jor juli 24 hol	u s.j	
Date First New Oil Run To Tank	Date of Test	ı			Producing M	lethod (Flow, pa	emp, gas igi,	uc.)			
						-		Choke Size			
Length of Test	Tubing Pres	ante			Casing Press	MIC					
			 . -		Water - Bbls			Gas- MCF			
Actual Prod. During Test Oil - Bbls.					**************************************	-					
					1			<u> </u>			
GAS WELL					Test - 6			Gentley of	Condensate		
Actual Prod. Test - MCF/D	Length of T	Length of Test			Bbis. Condensate/MIMCF			Gravity of Condensate			
					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	ing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Cating Pressure (Subs-11)			Tanas out	Choice Size		
			-		ار						
VI. OPERATOR CERTIF				ICE		OIL CON	JSERV	MOITA	DIVISIO	ON	
I hereby certify that the rules and re	gulations of the (Dil Conserv	ation]	OIL OO!	40LI1V		. 7 19 88	. , ,	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						_	•				
is true and complete to the best of n	ny knowiedge am	u DENEI.			Date	e Approve	ed				
	1										
	a cale or				∥ Bv_	JAKGINA!		<u> </u>	TON	·	
Signature Joe R. Dawson	Vic	ce Pres	sider	nt	-,-	74.3	₩ 7 I S	P\$1			
Printed Name			Title		Title)					
5-6-93	915	5-699 - 1	<u> 1444</u>		Inte						
Date		Telep	ohone N	io.							

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.