Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

1

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.	-	TO TRA	NSF	PORT O	L AND NA	TURAL GA	48						
Operator										Well API No.			
Dawson Operating Co.			30-025-10526										
Address					***************************************								
P.O. Box 403, Midla	and. TX	7970	2										
Reason(s) for Filing (Check proper box)	·				Out	et (Please expl	ain)						
New Well		Change in	Trans	porter of:									
Recompletion	Oil	لِا	Dry (Gas 🛄	Effe	ctive 4-	1-93						
Change in Operator X	Casinghea	d Gas	Cond	lensate									
If change of operator give name and address of previous operator BC	& D 0i	1 & Ga	s Co	orp.	P.O. Box	5926. H	Hobbs, N	M 88241					
				F ·)		, -	,	00					
II. DESCRIPTION OF WELL	AND LEA	ASE											
Lease Name Well No. Pool Name, Includi								of Lease State Lease No.					
New Mexico M State						CUIX DEVELI RIVELD			Federal or Fee B-934				
Location			Que	een Gre	yberg								
Unit Letter	_ :220	00	Feet	From The	South Lie	e and 1800). Fe	et From The	East	Line			
Section 30 Townshi	p 22S		Rang	37E	, N	мрм,	Lea			County			
III. DESIGNATION OF TRAN				ND NAT									
Name of Authorized Transporter of Oil	\Box	or Conde	nsate			e address to wi				int)			
Texas New Mexico Pip		Co.		ry Gas		ox 1510 M				···			
Name of Authorized Transporter of Casin		Address (Give address to which approved copy of this form is to be sent)											
	Texaco Expl. & Prod., INc.						P.O. Box 3000 Tulsa, OK 74102						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.		I -	y connected?	When						
-	C	29	1225		Yes		l	5/28/61					
If this production is commingled with that	from any oth	er lease or	pool,	give commin	gling order num	ber:							
IV. COMPLETION DATA				· · · · · · · · · · · · · · · · · · ·		.,	-, 						
Designate Type of Completion	(V)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
						<u> </u>	<u> </u>	l,	<u></u>	_l			
Date Spudded	Date Comp	pl. Ready u	o Prod.	•	Total Depth	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casin	g Shoe				
							<u> </u>	<u> </u>					
	T	UBING,	CAS	SING ANI	CEMENT	NG RECOR	D						
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	E									
OIL WELL (Test must be after t	recovery of to	tal volume	of loa	d oil and mu	st be equal to o	exceed top allo	owable for thi	depth or be f	or full 24 hou	rs.)			
Date First New Oil Run To Tank	Date of Te	a			Producing M	ethod (Flow, pi	emp, gas lift, e	tc.)					
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure							
				ŀ									
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF				
	ļ												
GAS WELL													
Actual Prod. Test - MCF/D	anoth of	Test			Rhie Conde	mte/MMCE		Gavity of C	ondensale.	· · · · · · · · · · · · · · · · · · ·			
	Length of Test				DUIS. CUBIC	Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size					
saing meanon (peer, took pr.)					Coating Field	Control t tenente (Stint-In)			CHORD DIA				
	1				-\			<u></u>					
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE	- 11 - 2		ICEDV	ATION!		NA I			
I hereby certify that the rules and regulations of the Oil Conservation					'	OIL CON	NOEHV	RIUNI	אפוזוח	ЛV			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						\$ \psi_1							
is true and complete to the best of my	knowledge at	ad belief.			Date	Approve	d						
for A. Janeson						1941 AP 1841	V * (V *) (1)	y rajtu e 🖘	**(32.5 M				
Signature Joe R. Dawson Vice President					gy_	By ARGERIA SERVICE STATES AND A CONTROL OF A							
	Vic	ce Pre											
Printed Name 5-6-93	0.7.1	F 600	Title		Title								
5-6-93 Date	91	5-699- Tele	1444 ephone		11								
		1 (1)	prac		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.