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

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

							Well A	IPI No.		
Hunter Midkiff Ope	ratin	<u>a</u>					30-	025-1214	4.3	·
Address		-								
P 0 10888 Midland	TX	7970	2-08	88						
Reason(s) for Filing (Check proper box)  New Well		<b>A</b>				et (Please expla	un)			
Recompletion	Oil	Change in	Dry Gas							
Change in Operator	Casinghe	ed Gas	Conden	_						
If change of operator give name										
and address of previous operator Pro	Gas	Opera	<u>ting</u>	<u>P 0</u>	Box 6	<u>0243 M</u>	<u>idland</u>	<u>, TX 79</u>	9 <u>711-02</u>	43
IL DESCRIPTION OF WELL	AND LE	ASE								
Lease Name		Well No.	Pool Na	me, Includi	ing Formation		Kind o	of Lease	Lease	No.
W.L. Nix		1	Pad	dock	Pool		State,	Federal or Fee	16354	3
Location		***************************************								
Unit LetterC	<u>: 6</u>	60	_ Feet Fro	m The F	NL Lin	e and16	<u>50 Fe</u>	et From The	FWL	Line
Section 20 Townshi	p 22-	·S	Range	<u> 38 –</u>	E , <b>N</b>	MPM, L	ea			County
III. DESIGNATION OF TRAN	CPADTE	7D AF A	TI ANI	NATTI	PAI CAS					
Name of Authorized Transporter of Oil	SICKIE	or Conde		NATU		e address to wh	ich approved	copy of this form	n is to be sent)	<del></del>
Texas New Mexico Pipeline Company					Box 2528 Hobbs, NM 88240					
Name of Authorized Transporter of Casing	ghead Gas		or Dry		<del>+</del>			copy of this form	<del>~</del>	
Texaco Producing I	nc				POB	ox 3000	Tu1s	a, OK	74102	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	?		
rive location of tanks.	C	20		138E	Yes		2	-17-60		
f this production is commingled with that	from may oth	her lease or	pool, give	commingi	ing order numi	ber:				
IV. COMPLETION DATA									·············	
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back  Sa	nne Res'v  D	iff Res'v
Date Spudded		pl. Ready to	Prod.		Total Depth	l		P.B.T.D.		
•		,,			•			1.3.1.3.		
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	ormation		Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing S	hoe	
								<u> </u>		
LIQUE OUTE					CEMENTI	NG RECORI	<u> </u>			
HOLE SIZE	CA	SING & TU	JBING S	ZE		DEPTH SET		SAC	CKS CEMENT	
								!		
	+									
7. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE							
OIL WELL (Test must be after re				l and must	be equal to or	exceed top allo	wable for this	depth or be for	full 24 hours.)	
		tal volume				exceed top allow	<del></del>		full 24 hours.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te	stal volume st			Producing Me	thod (Flow, pur	<del></del>	c.)	full 24 hours.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of to	stal volume st				thod (Flow, pur	<del></del>		full 24 hours.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tele Tubing Pre	stal volume st			Producing Me Casing Pressu	thod (Flow, pur	<del></del>	Choke Size	full 24 hours.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te	stal volume st			Producing Me	thod (Flow, pur	<del></del>	c.)	full 24 kours.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank  Leagth of Test  Actual Prod. During Test	Date of Tele Tubing Pre	stal volume st			Producing Me Casing Pressu	thod (Flow, pur	<del></del>	Choke Size	full 24 hours.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank  Leagth of Test  Actual Prod. During Test  GAS WELL	Date of Telescovery of too Date of Telescovery of too Tubing Pre Oil - Bbls.	stal volume : st			Producing Me Casing Pressu Water - Bbis.	ahod ( <i>Flow</i> , pur	<del></del>	Choke Size  Gas- MCF		
OIL WELL (Test must be after re Date First New Oil Run To Tank  Leagth of Test  Actual Prod. During Test  GAS WELL	Date of Tele Tubing Pre	stal volume : st			Producing Me Casing Pressu	ahod ( <i>Flow</i> , pur	<del></del>	Choke Size		
DIL WELL (Test must be after re Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D	Date of Telescovery of to Date of Telescovery of to Date of Telescovery Oil - Bbls.	stal volume : st	of load oi		Producing Me Casing Pressu Water - Bbis.	nhod (Flow, pur	<del></del>	Choke Size  Gas- MCF		
DIL WELL (Test must be after re Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D	Date of Telescovery of to Date of Telescovery of to Date of Telescovery Oil - Bbls.	st sture	of load oi		Producing Me Casing Pressu Water - Bbis. Bbis. Condens	nhod (Flow, pur	<del></del>	Choke Size  Gas- MCF  Gravity of Conc		
DIL WELL (Test must be after re Date First New Oil Run To Tank  Leagth of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Setting Method (pitot, back pr.)	Tubing Pre Oil - Bbls.  Length of T	stal volume st ssure Fest	of load oi		Producing Me Casing Pressu Water - Bbis. Bbis. Condens Casing Pressu	nhod (Flow, pur re	np, gas lift, et	Choke Size  Gas- MCF  Gravity of Coac  Choke Size	Sousate	
DIL WELL (Test must be after red Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  esting Method (pitot, back pr.)	Date of Telescovery of to Date of Telescovery of to Date of Telescovery of to Date of Tubing Presented Tubin	stal volume st ssure  Fest COMP	of load oi		Producing Me Casing Pressu Water - Bbis. Bbis. Condens Casing Pressu	nhod (Flow, pur re	np, gas lift, et	Choke Size  Gas- MCF  Gravity of Conc	Sousate	
Date First New Oil Run To Tank  Leagth of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  esting Method (pitot, back pr.)  /I. OPERATOR CERTIFICA  I hereby certify that the rules and regular  Division have been complied with and the	Date of Telescovery of to Date of Telescovery of to Date of Telescovery of to Date of Tubing Presented Tubin	real volume st st  Feet COMP Oil Conservention give	in)		Producing Me Casing Pressu Water - Bbls. Bbls. Condens Casing Pressu	nhod (Flow, pur re	np, gas lift, et	Choke Size  Gas- MCF  Gravity of Coac  Choke Size	Sousate	
DIL WELL (Test must be after red Date First New Oil Run To Tank  Leagth of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  esting Method (pitot, back pr.)  /L. OPERATOR CERTIFICAL  I hereby certify that the rules and regular	Date of Telescovery of to Date of Telescovery of to Date of Telescovery of to Date of Tubing Presented Tubin	real volume st st  Feet COMP Oil Conservention give	in)		Producing Me Casing Pressu Water - Bbis. Bbis. Condens Casing Pressu	nte/MMCF re (Shut-in)	serv <i>A</i>	Choke Size  Gas- MCF  Gravity of Cose  Choke Size	Sousate	
Date First New Oil Run To Tank  Leagth of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  esting Method (pitot, back pr.)  /I. OPERATOR CERTIFICA  I hereby certify that the rules and regular  Division have been complied with and the	Date of Telescovery of to Date of Telescovery of to Date of Telescovery of to Date of Tubing Presented Tubin	real volume st st  Feet COMP Oil Conservention give	in)		Producing Me Casing Pressu Water - Bbis. Bbis. Condens Casing Pressu	nhod (Flow, pur re	serv <i>A</i>	Choke Size  Gas- MCF  Gravity of Cose  Choke Size	Sousate	
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Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  setting Method (pitot, back pr.)  /I. OPERATOR CERTIFICA  I hereby certify that the rules and regular  Division have been complied with and the strue and complete to the best of my known and the strue and complete to the best of my known and the strue and complete to the best of my known and the strue and complete to the best of my known and the strue and complete to the best of my known and the strue and complete to the best of my known and the strue and complete to the best of my known and the structure of the struct	Date of Telescovery of to Date of Telescovery of to Date of Telescovery of to Date of Tubing Presented Tubin	st st st st composition of the c	in) LIAN(		Producing Me Casing Pressu Water - Bbis. Bbis. Condens Casing Pressu  Date  By	ahod (Flow, purification)  sate/MMCF  re (Shut-in)  OIL CON  Approved	SERVA	Choke Size  Gas- MCF  Gravity of Cose  Choke Size	Sousate	
Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Lenting Method (pitot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regular Division have been complied with and the is true and complete to the best of my known that the rule of the present that the rule of the	Date of Telescovery of total Date of the Information and Date of the Information of the	st st st st composition of the c	in)  LIAN( ration en above	CE	Producing Me Casing Pressu Water - Bbis. Bbis. Condens Casing Pressu  Date	ahod (Flow, purification)  sate/MMCF  re (Shut-in)  OIL CON  Approved	SERVA	Choke Size  Gas-MCF  Gravity of Conc Choke Size  ATION DI  15 1993  Signed by I Kautz	Sousate	
Date First New Oil Run To Tank  Length of Text  Local Prod. During Test  GAS WELL  Local Prod. Text - MCF/D  esting Method (pitot, back pr.)  71. OPERATOR CERTIFICAL  I hereby certify that the rules and regular  Division have been complied with and it is true and complete to the best of my local  Signshare  Hunter Midkiff  Printed Name	Date of Telescovery of total Date of the Information and Date of the Information of the	saure (Shut- COMP Oil Conservantion give ad belief.	in)  LIAN( ration en above	CE 5	Producing Me Casing Pressu Water - Bbis. Bbis. Condens Casing Pressu  Date  By	ahod (Flow, purification)  sate/MMCF  re (Shut-in)  OIL CON  Approved	SERVA	Choke Size  Gas-MCF  Gravity of Conc Choke Size  ATION DI  15 1993  Signed by I Kautz	Sousate	

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.