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, Antesia, NM 88210

OIL CONSERVATION DIVISION

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

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

I.							AUTHOF TURAL (N				
Operator	11 01	L AND W	TURAL		II API No.								
Pro-Gas Operat	ing, In	c.											
Address P.O. Box 10888	- Midl	and, T	ľexa	as 7	79702	2							
Reason(s) for Filing (Check proper box)		•				Ot	her (Please exp	plain)		····	per ere		
New Well	•	Change i	_	-	r of:								
Recompletion	Oil	. <u>.</u>	- ·	/ Gas									
If change of operator give name	Casinghea		<u> </u>	ndensat									
and address of previous operator Tex	aco Inc	P.	0.	Box	728	- Hobbs	, New Me	xico 8	8240				
II. DESCRIPTION OF WELL	AND LE						0	A	<i>a</i> ,		,		
Lease Name W. L. Nix		Well No. Pool Name, Inclu							d of Lease	of Lease Lease N c, Federal or Fee 163543			
Location				DETI	<u> </u>	Drin	Raid-a	100 Sta	c, redcial of r	Τρ.	354 <i>3</i> ————		
Unit LetterF	_ :198	30	_ Fee	t From	The	EST Lin	e and	0.	Feet From The	NORTH	Lir	ne	
Section 20 Township 22S		Range 38E			38E	, NMPM, LEA			County				
III. DESIGNATION OF TRAN	SPORTE	R OF O	III. A	ND 8	JATE!	DAI CAC							
Name of Authorized Transporter of Oil	XX)	or Conde	nsate	1110	NATU.	Address (Gi	e address to n	vhich approv	ed copy of this	form is to be s	ent)		
Texas N.M. PipeLine Co	o. (0055	(0055-1406)			_	P.O. Box 2528 - Hobbs,							
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						Address (Give address to which approved copy of this form is to be sent)							
Texaco Producing Inc. If well produces oil or liquids,	Unit	Unit Sec. Twp. Rec					ox 3000 ·						
give location of tanks.	C	: -	Twp. Rge 225 38E		Is gas actually connected? When			n? 4/6/65					
f this production is commingled with that V. COMPLETION DATA	from any other	20 er lease or	pool,	give co	mmingli	ing order num	ber:(CTB-143	¥ &	40 -411	·		
Designate Type of Completion	~	Oil Well		Gas V	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		l Pandu ta	D			T-1-1 D-1	<u> </u>	<u>i </u>	1	<u> </u>	Ĺ		
	Date Comp	i. Ready to) PTOQ.	•		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing Dept				th			
Perforations	<u> </u>									Dorth Coding St			
									Depth Casin	g Shoe			
TUBING, CASIN					AND (CEMENTIN	IG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			5	SACKS CEMENT			
	<u> </u>												
													
		·											
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	<u> </u>		 ,			1				
IL WELL (Test must be after relate First New Oil Run To Tank	covery of total	il volume d	of load	i oil an	d must b	e equal to or	exceed top allo	wable for the	s depth or be f	or full 24 hour	·s.)		
rate First New Oil Run 10 Tank	Date of Test				1	Producing Me	hod (Flow, pu	mp, gas lift,	etc.)				
ength of Test	Tubing Pressure					Casing Pressur	e		Choke Size	Choke Size			
ctual Prod. During Test													
Troub Daming Took	Oil - Bbls.					Water - Bbis.			Gas- MCF				
GAS WELL													
ctual Prod. Test - MCF/D	Length of Te	st .				Bbls. Condens	te/MMCF		Gravity of Co		·		
									Gravity of Co	Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				C	Casing Pressure (Shut-in)			Choke Size	Choke Size			
I. OPERATOR CERTIFICA	TF OF C	COVADI	TAN	JCE.	— <u> </u> _				L			╝	
I hereby certify that the rules and regular	ions of the Oi	Concerva	tion			0	IL CON	SERV	TION F	NIVISIO	N		
Division have been complied with and that the information given above						OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					- 11	Date Approved					a		
Liane H. G						Date Approved							
Signature The Son						By OFIGNAL SIGNED BY JERRY SEXTON!							
Lianne Giles Production Agent						By GRIGHNAL SIGNED BY JERRY SEXTON							
Printed Name Title						Title							
<u>September 4, 1990 (915) 697-9567</u> Date Telephone No.													

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.