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 Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TOTR	ANSPORT OIL	AND NATURAL G	AS				
Operator BC 4 D				API No.	D-025-23495			
B-C-D Oil & Gas	: Corporati	on		3	シーシスと	<u>5-234</u>	45	
Address								
P. O. Box 5926.	<u>Hobbs. Ne</u>	w Mexico	88241 XX Other (Please exp	lain)				
Reason(s) for Filing (Check proper box)	Change i	n Transporter of:	WW One () sense exp					
New Well	Oil Change I	Dry Gas	Change of	Onerati	r			
Change in Operator	Casinghead Gas	Condensate [onunge or	opular	~			
If change of operator give name			1 2 2 1	Ť	C	0.00	II a u a tra m	
and address of previous operatorAm	erican Exp	lorarion.	Company, 1331	xas 770			nous con	
IL DESCRIPTION OF WELL.		T=					ease No.	
Lease Name	Well No.	1		i State	of Lease St Federal or Fe	• (934	
New Mexico M Sta	te 59	Queen Gr	Mattix Seven	Rivers		<u> </u>	9.34	
Location Linit Letter B	1240		orth Line and 1	3:40 F	et Emm The	East	Line	
Unit LetterB	1 1 1 1	_ rea from the M	<u> </u>	• • • • • • • • • • • • • • • • • • • •	CLITOM 1110			
Section 30 Township	p 22S	Range 3	7 Е , NMPM ,	Lea			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
Name of Authorized Transporter of Oil		DIL AND NATU	Address (Give address to w	hich approved	copy of this f	orm is to be se	nt)	
Texas New MEXICO Pine Line Co. Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of the control of								
Texaco/Producting	- Inc		P O Box	3000-	ulsa.	0klaho	ma 7410	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	is gas actually connected?	When	?			
give location of tanks.	C 29	22S 371	<u> </u>		5/13/70) 		
If this production is commingled with that i	from any other lease or	pool, give comming	ing order number:			··-·		
IV. COMPLETION DATA	Oil Wel	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		.		i	i	İ		
Date Spudded Date Compl		o Prod.	Total Depth		P.B.T.D.			
			Ton Oil/Gas Pay					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing Depth					
Perforations	Depth Casing Shoe							
10100								
	TUBING, CASING AND							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u> </u>							
	<u> </u>				 			
								
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	l		<u></u>			
OIL WELL (Test must be after re	ecovery of total volume	of load oil and must	be equal to or exceed top all	owable for the	s depth or be	for full 24 hou	<u>rs.)</u>	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, p	ump, gas lift, i	uc.)			
	<u> </u>		Casing Pressure	Choke Size	Choke Size			
Length of Test	Tubing Pressure							
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF			
There said said	2000							
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate			
					Onlo Sino			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	Choke Size		
			11					
VL OPERATOR CERTIFIC			OIL CO	NSERV.	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								
is true and complete to the best of my knowledge and belief.			Date Approve	ard .	E_{i}^{p} , 0	7.92		
			Date Applove	, u				
(rawford	Rv Carlo Carlo	e ottoraka k		ويقونونك الارادان				
Signature Crawford Culy	By <u>Organization of the second /u>							
Printed Name	J 110	esident Tiüe	Title					
3-17-92		2-5176		 .	 			
Date	Tel	ephone 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.