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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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSP	ORT OIL	_ AND NA	TUHAL G	AS)	API No.			
Operator							Weii		5-24139		
Dawson Operating	Company							30-023		<u>v</u>	
Address			70701								
P. O. Box 403, Mi		exas	19102		Orb	es (Please expl	ain)				
Reason(s) for Filing (Check proper ba	x)	Change in	Tennen	outer of:		a (1 lease exp.	 ,				
New Well	63		Dry G	L				00.3			
Recompletion	Oil Carlantan		1		Effe	ctive Ju	ne r, r	.993			
Change in Operator	Casinghea	0 048	COLIGE	usate [_]							
f change of operator give name nd address of previous operator											
• •	LANDIE	A CIC									
I. DESCRIPTION OF WEL	L AND LE	Well No	Pool N	lame. Includ	ing Formation		Kind	of Lease Sta	_	ease No.	
Lease Name New Mexico M State		62	Lar	nglie M	lattix Se	ven Rive	ers State	, Federal or Fe	e B-	-934	
				een Gra							
Location C	133	10	English	rom The $\frac{N}{2}$	orth Lin	e and263	30 F	eet From The	West	Line	
Unit Letter	:		_ rea r	iom the							
Section 29 Town	oshin 22S		Range	37E	, N	MPM,	Lea			County	
genou 10m.						 -					
II. DESIGNATION OF TR	ANSPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oi	ı X	or Conde	nsale		Address (Gr			d copy of this f		int)	
EOTT Energy Corporat	بما				P. O.	Box 2297	<u>, Midla</u>	ind, Texa	<u>s 79702</u>		
Name of Authorized Transporter of Ci	usinghead Gas	\overline{X}	or Dry	Gas	Address (Give address to which approved P. O. Box 3000, Tulsa			a copy of this f	or m is io be s e ∩2		
Texaco Expl. & Prod.									.02		
If well produces oil or liquids,	Unit	Sec	Twp.	Rge. 37E	is gas actual	y connected?	Whe	n /			
ive location of tanks.	C	29	1 ^{22S}		<u> </u>	 -					
this production is commingled with t	hat from any oth	er lease or	pool, gi	ve comming	ling order num	Der:					
V. COMPLETION DATA					1 27 277.11	Workover	Deepen	Pine Back	Same Res'v	Diff Res'v	
Designate Type of Completi	on - (X)	Cil Wel	1 1 '	Gas Well	New Well) WOLKOVEI	1 Deepta	1 1108 22	1	Í	
	Date Com	ol Peady t	o Prod		Total Depth	1	<u></u>	P.B.T.D.	I		
Date Spudded	Date Coun	pi. Keady i	o i ioa.								
El (DE DED DT CP etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)											
Perforations								Depth Casir	ig Shoe		
TUBING, CASING AND					CEMENTI	NG RECOF	SD				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
					<u> </u>						
								_			
					<u> </u>			_L			
V. TEST DATA AND REQU	JEST FOR A	LLOW	ABLE	•	_		bladand	Lia dandh ar he	for full 24 hos	ars.)	
OIL WELL (Test must be aft	er recovery of to	stal volume	of load	oil and mus	t be equal to or	ethod (Flow, p	owable jor life	elc.)	<i>jui j</i> 3		
Date First New Oil Run To Tank	Date of Te	র			Producing M	eunou (riow, p	win, gas igi	, esc./			
								Choke Size			
Length of Test	Tubing Pre	SUITE			Casing Press	ше					
	Oil - Bbls.					Water - Bbis.			Gas- MCF		
Actual Prod. During Test		ļ									
GAS WELL								Gentity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test.				Bbls. Condensate/MMCF			Statity of	Gravity of Condensate		
	od (nite) back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pro	essure (Shu	u-in)		Casing Press	tire (Shuk-in)		-			
					-\						
VI. OPERATOR CERTIF	TCATE OF	COM	PLIA	NCE	-		(ICED)	/ATION	DIVISIO	NC	
I hereby certify that the rules and r	egulations of the	Oil Conse	rvation		'		4/21/11/		: - 2 19	93	
Division have been complied with	and that the info	ermation gi	ven abov	'e				آ <u>ن</u> ،	' - r 12	JU	
is true and complete to the best of	my knowledge a	ind belief.			Date	Approve	ed				
()	1										
Ja A January					Bv	onicială!	SUGNED E	Y JERRY SE	XION		
Signature Joe R. Dawson Vice President					By DRIGINAL SUSNED BY JERRY SEXTOM WEST GOT LEUSERVISOR						
Joe R. Dawson Printed Name		LOU EL	Title		Title						
5-26-93	91	15699		4							
D		Te	ephone	No.	П						

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.