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Appropriate District Office
DISTRICT 1
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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
Dawson Operating Company								30-025-24457			
Address							k				
P. O. Box 403, M	idland, T	l'exas 7	9702								
Reason(s) for Filing (Check proper be	xx)				Oth	et (Please exp	lain)				
New Well		Change in	•								
Recompletion $\square$	Oil	X	Dry Ga	s <u> </u>	Effe	ctive Ju	ne 1, 1	993			
Change in Operator	Casingher	ad Gas	Conden	sale							
change of operator give name address of previous operator											
I. DESCRIPTION OF WE	LL AND LE	ASE			, , , , , , , , , , , , , , , , , , , ,						
Lease Name		Pool Na	me, Includ	ing Formation			of Lease Sta		Lease No.		
New Mexico M State	56			attix Sev	ren Rive	rs State,	State, Federal or Fee B-		-934		
ocation				en Gray			_				
Unit LetterP	:14	8	Feet Fro	om The _	South Lin	e and	<u>O-</u> F-	eet From The	East	Line	
10	224									C	
Section 19 Tow	nship 22S		Range	37E	, N	MPM,	Lea			County	
II. DESIGNATION OF TR		R OF OI	L ANI	D NATU	RAL GAS						
lame of Authorized Transporter of O	il X	or Condens	ale		Address (Giv	e address 10 w	hich approved	copy of this	form is to be s	ent)	
EOTT Energy Corpora		P. O. Box 2297, Midland, Texas 79702									
Name of Authorized Transporter of C	X	or Dry	Gas	Address (Give address to which appr							
Texaco Expl. & Prod					P. O. Box 3000, T						
f well produces oil or liquids, ive location of tanks.	Unit C	Sec. [	Twp.   Rge   22S   37E		Is gas actually connected? Yes		When	When?   8-19-73			
		L		<u> </u>	1		L	0 17	13		
this production is commingled with V. COMPLETION DATA	nat from any our	ner lease or p	oot, givi	e commung	ing order month						
V. COMIDETION DATA		Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complete	on - (X)	l .							j	İ	
Pate Spudded	Date Com	pl. Ready to	Prod.		Total Depth		P.B.T.D.				
				Top Oil/Gas I		Tubing Depth					
levations (DF, RKB, RT, GR, etc.)	roducing For	mation		Top Oil Gas I		saving socker					
erforations								Depth Casing Shoe			
TUBING, CASING ANI					CEMENTI	NG RECOR	ED .				
HOLE SIZE		SING & TUE			DEPTH SET			SACKS CEMENT			
										<del> </del>	
								<u> </u>			
. TEST DATA AND REQU	JEST FOR A	LLOWA	BLE						C 6.11 24 hou	)	
IL WELL (Test must be aft			fload o	il and must	be equal to or Producing Me	exceed top all	owable for the	s depin or be	or Juli 24 hou	73.)	
ate First New Oil Run To Tank	Date of Te	র			Producing Me	usou (riow, pi	ար, քա ւկւ, ւ				
ength of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
	10012	Tuoing Tressare									
ctual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	Length of					. AR 100		Comment of	onderes:		
Actual Prod. Test - MCF/D	iest			Bbls. Condensate/MMCF			Gravity of Condensate				
	Tuking Des	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
esting Method (pitot, back pr.)	ranink i iceenic (Mini-m)			Casing 1 costs (one in)							
T OPEN ATTOR CEPTURE	TCATE OF	COLEDI	TART	CE	<b> </b>			1			
I. OPERATOR CERTIF				CE	(	OIL CON	<b>ISERV</b>	ATION	DIVISIO	ЙČ	
I hereby certify that the rules and rules in Division have been complied with:						OIL CON		Alj!	! - 2 19	93	
Division have been complied with a is true and complete to the best of a			. a.r.) YE		Įi						
2)		~~~~			Date	Approve	u		<del>,</del>		
	. /								EVTAL		
Signature	Mures	1-2-			By_	ORIGINAL	L SIGNED I	BY JERRY S	EXIUN		
Joe R. Dawson	Vi	ce Pres	sider	nt		DI	STRICT I S	UPERVISOR	•		
Printed Name		•	Title		Title.					<u>,</u>	
5-26-93	91	.5-699-1	1444		11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.