Submit 3 Copies to Appropriate District Office	Energy, e	State of New Me rals and Natural R	exico esources Department		Form C-103 Revised 1-1-89
DISTRICTJ P.O. Box 1980, Hobbs, NM 88240	BZ40 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of L		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	6. State Oil & Gas La L-3881	STATE FEE			
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE (FORM C	OPOSALS TO DF	PLICATION FOR PE	OR PLUG BACK TO A	7. Lease Name or Un	il Agreement Name
I. Type of Well: OL OAS WELL WELL	r	OTHER		5tate 35	
2 Name of Operator Asher Oil Comp)cn.i		······································	8. Well No. #	
3. Address of Operator	Artesia	Nm 8	1210	9. Pool name or Wild Antelope Rid	
4. Well Location	O Feet From Th		Line and _/78	•	
Section 35	Township	2.3-5 R	DF, RKB, RT, GR, etc.)	NMPM LC9	
11. Check NOTICE OF IN			Nature of Notice, R	leport, or Other D SEQUENT REI	
	- PLUG AND		REMEDIAL WORK	AL	
	CHANGE F			G OPNS. DPL	
			CASING TEST AND C		· •
DTHER:		🖸	OTHER:		
12. Describe Proposed or Completed Open work) SEE RULE 1103. Plan to Rig u Obstruction in					
	10011			1(),0,1	<i>p</i> / <i>i</i> c c <i>i i i i i i i i i i</i>
		-	,		
I hereby certify that the information above is tru	e and complete to the	best of my knowledge and	belief.	• • • • • • • • • • • • • • • •	2 7 02
SIGNATURE TWIN ONCE			u Fartner		DATE) ~ (~ 7)
TYPE OR PRINT NAME ACUIN JO	ues			-	TELETINONE NO. 746-9811
(This space for State Use) ORIGINAL Sid BAST / A	MAD (Y 1808Y Gi i Superv iso	2			
APPROVED BY		m	LE	<u>····</u>	. DATE

ubmit 5 Copies spropriate District Office)STRICT 1 O. Box 1980, Hobbs, NM 88240	Energy, Minerals and Nat	ew Mexico ural Resources Department	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page		
<u>STRICT II</u> .O. Drawer DD, Artesia, NM 88210		ATION DIVISION ox 2088			
DISTRICT III		exico 87504-2088			
000 Rio Brazos Rd., Aztec, NM 87410	HEQUEST FOR ALLOWAR	BLE AND AUTHORIZAT			
Asher Dil Company			Well API No. 30-625-24517		
vidress A	1				
4. D. Dox 43 Ht 7 leason(s) for Filing (Check proper box)		Other (Please explain)			
lew Well	Change in Transporter of: Oil Dry Gas				
Ihange in Operator	Casinghead Gas Condensate		ts 120 Dallas TX 75201		
	1793 West Oic 1693 265	1 N. HArwood Jt. Ju	ite 120 Dellas TX 75201		
I. DESCRIPTION OF WELL case Name	Well No. Pool Name, Includ	ing Formation	Kind of Lease No.		
Jarte 35	1 Atoke Ri	Jze Morrow	State Federal or Fee L-388/		
ocation Unit LetterK	: 1750 Feet From The	FJL Line and _1980	Feet From The $f \omega L$ Line		
25	hip 23-5 Range 34-	E , NMPM, L	29 County		
U. DESIGNATION OF TRA Vame of Authorized Transporter of Oil	NSPORTER OF OIL AND NATU	Address (Give address to which a	pproved copy of this form is to be sent)		
		12+ City BANK Town J. 20	proved copy of this form is to be sent)		
Name of Authorized Transporter of Cas Jid RichArdJon (inghead Gas or Dry Gas Z	333 C/A-15t. Juit			
f well produces oil or liquids, ve location of tanks.	Unit Sec. Twp. Rge. / 35 23 34	Is gas actually connected?	When ?		
	at from any other lease or pool, give comming	ling order number.			
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover D	eepen Plug Back Same Res'v Diff Res'v		
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
•		Top Oil/Gas Pay	T. L'as Dank		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tubing Depth		
'erforations			Depth Casing Shoe		
	TUBING, CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
7. TEST DATA AND REQU	EST FOR ALLOWABLE ir recovery of total volume of load oil and mus	the equal to or exceed top allowable	le for this depth or be for full 24 hours.)		
)IL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,)	gas lýt, etc.)		
	Tubing Pressure	Casing Pressure	Choke Size		
Length of Test		Water - Bbls.	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.	Water - Bois.			
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)	Casing Pressure (Shut-in)	Choke Size		
I hereby certify that the rules and re-	ICATE OF COMPLIANCE gulations of the Oil Conservation	11	OIL CONSERVATION DIVISION		
Division have been complied with a is true and complete to the best of r	ind that the information given above	Date Approved	Date Approved		
4.0					
Signature	Ω I =	By	By ORIGINAL MENDO BY JERRY SEXTOM		
REVIN JONES	Tille				
3-1-93	JOJ746-5811 Telephone No.				
Dale	Telephone Los				

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.
2) All sections of this form must be filled out for allowable on new and recompleted wells.

 ubmit 5 Copies ppropriate Durinet Office	State of New Energy, Minerals and Natur	Form C 14 Revised - 19 See Instructions at Bottom of Page		
O. BOX 1980, Hobbs, NM 88240	OIL CONSERVA	TION DIVISION	t boarn a rate	
O. Drawer DD, Artesia, NM 88210	P.O. Bor Santa Fe, New Mer	k 2088		
DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABI	LE AND AUTHORIZATI AND NATURAL GAS		
O perator Texas West Oil & Gas	OANP .		Well API No. 3002524517	
	Δ			
Reason(s) for Filing (Check proper box)		Other (Please explain)		
New Well	Change is Transporter of:			
Recompletion Change in Operator	Casinghead Gas Condensate			
If change of operator give name and address of previous operator				
II. DESCRIPTION OF WELL A Name State "35"	Wall NO. FOUR MELLER, LABORATION	Formation Riage (Morrow)	Kind of Lease Lease No. Sune, ####################################	
Location	1750 - 50	outh Line and 1980	Feet From TheLa	
Unit LetterK		_ T,	ea County	
Section 35 Township	235 Raage 34	E , NMPM,		
Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATUR	RAL GAS Address (Give address to which a	oproved copy of this form is to be sent)	
Shell Pipeline	head Gas or Dry Gas &X.		oproved copy of this form u to be sent)	
Sid_Richardson_Carbo	n & Gasoline Co. Uai Sec. Twp. Rge.	201 Main St.	Ft. Worth, Tx 76102 When? 11-1-91	
If well produces oil or liquids, give location of tasks.		Yes		
If this production is commanded with that I IV. CONIPLETION DATA	from any other lease or pool, give commingin		eepes Plug Back Same Res'v Diff Res	
Designate Type of Completion	- (X)	Total Depth	P.B.T.D.	
Date Spudded		Toe Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Depth Caulag Shoe	
Perforations				
	TUBING, CASING AND	CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	UEPTH SET		
V. TEST DATA AND REQUE	ST FOR ALLOWABLE recovery of lotal volume of load oil and mus	s be equal to or exceed top allowab	le for this depth or be for full 24 hours.)	
Due First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump.		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbis.	Water - Bbis.	Gas- MCF	
GAS WELL			Gravity of Condensatio	
Actual Prod. Test - MCF/D	Langth of Test	Bbis. Condensess/MMCP		
Testing Method (pilat, back pr.)	Tubing Pressure (Shut-m)	Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIFIC I hereby certify that the rules and reg Divince have been complied with an is true and complete to the best of my Bullan	ulations of the Oil Conservation d that the information gives above y iznowledge and belief.	Date Approved		
Signature	N	Ву	an a	
Barbara Euban Protet Name	Title	11		
<u>12-1-391</u>	(214) 969-7424 Telephone No.			
	orm is to be filed in compliance with	h Rule 1104		

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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in a with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filled for each pool in multiply completed wells.

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