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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

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., Aziec, NM 87410

DECLIEST FOR ALLOWARI F AND AUTHO

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	OTR.	ANS	PORT OI	L AND N	IATURAL G	AS				
perator							Well	API No.		· · · · ·	
Will McCasland, Inc.	<u> </u>			20.0	)25・2	5469					
Address	a	. <b>.</b>	_	D 355	** - 1-1		4.				
c/o Oil Reports & Gas Reason(s) for Filing (Check proper box)	Service	s, in	c.,	BOX /55		ther (Please expl					
New Well		Change i	n Tran	sporter of:	U ,	Jules (1 sems Exps	un)				
New Well Change in Transporter of:  Recompletion Oil Dry Gas Effective 11/1/91											
Change in Operator	Casinghead	l Gas 🔲	<b>-</b>	densate 🔲			-, -,				
If change of operator give name				1							
and address of previous operator		····								······································	
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Well No. Pool Name, Includi				Comp			of Lease No.		.ease No.	
A. L. Christmas 3 Jalmat Yates-SR State, Federal or Fee											
^	2	20		c	outh	221	0		Past		
Unit Letter 0 : 330 Feet From The South Line and 2310 Feet From The East Line											
Section 25 Township 22S Range 36E NMPM, Lea County											
County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casing				ry Gas 🔀							
Sid Richardson Carbon				, Dec	<del>+</del>	ty Bank To			St, FtWo	th TX	
If well produces oil or liquids, give location of tanks.	Unit   :	Sec.	Twp.	,   Kge. I		ally connected? es	When	7 6-20/	70		
If this production is commingled with that f	rom any othe	r lease or	nool.	pive comming		<del></del>		0-20/	76		
IV. COMPLETION DATA	,		p, (	, · · · · · · · · · · · · · · · · · · ·				<del></del>			
		Oil Well		Gas Well	New Wel	II Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)	<u> </u>	i		<u>i</u>					i	
Date Spudded Date Compl. Ready to Prod.					Total Depti	3.		P.B.T.D.			
						Ton Oil/Cas Bau					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing De				1		
Perforations					[	Depth Casing Shoe					
						Depair casing direct					
TUBING, CASING AND						CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
A MEST DAME AND DECLED	TEOD	V 0111	- <del></del>	-							
V. TEST DATA AND REQUES OIL WELL (Test must be after re					ha amind ta's			d	- 4.11 O.4 Laur	1	
	Date of Test	u voiume	oj toac	ou ana musi		Aethod (Flow, pur			<b>г</b> јші 24 пош	3.)	
Date I II a I to I lank	Date of Test				. roomamb r	nound (r ion, pu	·Ψ, 8 <del></del> • <b>, 1</b> , • .	·,			
ength of Test Tubing Pressure					Casing Pressure Choke Size						
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	<u>s.</u>		Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	st .			Bbls. Conde	insate/MMCF	······	Gravity of Co	ndensate	$\overline{}$	
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
			<del></del>		<del></del>						
/I. OPERATOR CERTIFICA	TE OF	COMP	LIA	NCE				TIONE	VIV.//.CI/C	A.I	
I hereby certify that the rules and regulations of the Oil Conservation					·	OIL CON	SERVA	LIONL	11/12/0	'IV	
Division have been complied with and the is true and complete to the best of my kn			n abov	re						÷ .	
200 and complete to all over or my an		~~~~			Date	e Approved		<del></del>			
Manuel Holler						Orig. Signature					
Signature					By Paul Kantz						
Donna Holler Agent					, Geologist						
Printed Name Title Title Title Title											
Date	303		phone i								

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.