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 e Instructio 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 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Орегаю Well API No. 30.025.25616 $\frac{J_{i,0}}{c}$ natherrina Address 11/100 Reason(s) for Filing (Check proper box) Other (Please explain) \boxtimes Transportation of 210 Hols of Miscellaneous New Well ige in Transporter of: Dry Gas Recompletion Oil Change in Operator x 10 JAdoc on 3/16/9.5 Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. 145 6121 Sun State, Federal or Fee andres Location Unit Letter Feet From The Line and Feet From The Township , NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent)
P.O. Box 430 +665, NM 88240 or Condensate \triangle Bruden Petro, Inc Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Unit Twp. Sec When? Rge. Is gas actually connected? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Oil Well Gas Well New Well Workover Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Dabing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE SACKS CEMENT CASING & TUBING SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Actual Prod. During Test Water - Bbis Gas- MCF Oil - Bbls **GAS WELL** Actual Prod. Test - MCF/D Length of Test Rbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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 Approved _ Walk DRIGINAL NONE RY SERRY SEXTON Signature FRITTON STATES Altor

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

Printed Name

Date

5-16-92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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

Title

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.

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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

ad his sabulation of deviation tests taken in accordance

OIL CONSERVATION DIVISION

O. Drawer DD, Artesia, NM 88210		G	P.O. Bo		4 2088					
ISTRICT III		Santa	Fe, New Mo	MC/ 0 (2014)	T-2000					
00 Rio Brazos Rd., Aztec, NM 87410	REQUE	ST FOR	ALLOWAE	LE AND A	UTHORIZ	ATION				
	T	O TRANS	PORT OIL	AND NAT	URAL GA	S	WY X1			
perator						Well API No.				
tile Engineering	con	<u> </u>								
ddress	11 , , "		88240	`						
122 1. 1 Aylor	Hobbs,	MIN	10070	7 01	r (Please expla	in)				
eason(s) for Filing (Check proper box)		Change in Tra	nsporter of:		1. Kan	1 20 6	blsof 7	Mise		
lew Well	Oil `	~~	Gas	1 (ANS)	יאטאליאלי	, ,	- 0			
Lecompletion Unange in Operator	Casinghead		ndensate 🔲	Hydropt	artons to	s- Taolo	0			
change of operator give name										
d address of previous operator									,	
. DESCRIPTION OF WELL A	IND LEA	SE	ol Name, Includi	en Formation		Kind o	(Lesse	Le	nse No.	
ease Name	7	/8	d reine, includ	Indres			Federal or Fee			
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Unit Letter	· 		a riom ine						_	
Section /8 Township	22	Ra	nge 37	, NI	MPM,				County	
				D. J. G. G						
II. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATU	Address (Give	e address to wi	ich approved	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Oil		or Condensate	· 🗀	7002000 (011		,			•	
Bandera Tel	bood Goe	j- ~	Dry Gas	Address (Give	e address to wi	ich approved	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Casing	JEEU CAS		2.,	(==						
If well produces oil or liquids,	Unit	Sec. TV	vp. Rge.	ls gas actuall	y connected?	When	?			
ive location of tanks.	<u>i i</u>		<u></u>	<u> </u>		L_				
this production is commingled with that f	rom any othe	er lease or poo	l, give comming	ling order sumi	ber:					
V. COMPLETION DATA		·	<u> </u>	New Well	Workover	Deepen	Plug Back	iame Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas Well	I MEM METI	WOLKOVE	Deepen	,		i	
Date Spudded		i. Ready to Pr	 od.	Total Depth	<u> </u>	<u>.l</u>	P.B.T.D.			
Date Shraper	Date Cop	Date Compi. Roady to 1.00.								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
				<u></u>			Depth Casing Shoe			
Perforations										
		TIDING C	ASING AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
HOLE SIZE	0	<u> </u>								
	<u> </u>									
							 			
			V E	<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR A	LLOWA	LE Lad all and mu	u he amual to as	erceed top all	owable for th	is depth or be fo	or full 24 hou	ers.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te		loga ou ana mis	Producing M	lethod (Flow, p	ump, gas lift,	esc.)			
Date First New Oil Kills 10 1amk	Date of 1et	•								
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
								Gas- MCF		
Actual Prod. During Test	Oil - Bbis.			Water - Bbu	<u> </u>		Cas ivici			
	<u> </u>				<u></u>					
GAS WELL					- X R 1/AF		Gravity of C	onden sale		
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			0.0.1, 0.0			
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	i uning Pre	Camur (Stille-II	''							
	A TITE OF	COLOT	TANCE	1				D. // C. /		
VI. OPERATOR CERTIFIC					OIL CO	NSERV	'ATION I	ואואוט	אכ	
I hereby certify that the rules and regu Division have been complied with and	that the info	mation given	above				MAR	05 199	3	
is true and complete to the best of my	knowledge a	nd belief.		Dat	e Approv	ed				
<u> </u>		- · -FF · * · ·	Signed by	9.						
Billy wa	∥ By₋									
Signature,					G	eolog				
Printed Name			Title	Title	e					
I ISTROCT LANGUE				11 116						

Date

Telephone No.

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MAR u 4 1993

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