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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico ....ergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.						D AUTHO		N .			
Operator		IU IRA	4IVSF	OHIO	LAND	NATURAL		ell API No.		······································	
HUNT OIL COMPANY							"	en Ari No.	30-025-203.28		
Address	<del></del>							-6-6			
1445 ROSS AT FIELD	, DALLA	S, TEX	AS 7	75202							
Reason(s) for Filing (Check proper box)						Other (Please	explain)	-w <u>-</u>			
New Well		Change in	_								
Recompletion	Oil Control	$\vdash$	Dry G			ਾ੭ਤਬਤਤ	יאר דעד	re 1/5/93	)		
If change of annual size	Caninghea		Conde		<del></del>						
and address of previous operator PAC	IFIC EN	T. OIL	CO.	, USA,	4245 K	(EMP, SU)	TE 600,	W.F., TEX	AS 76308	}	
IL DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name	Well No. Pool Name, Include						ind of Lease	of Lease Lease N			
STATE 23 COM		2	ANT	ELOPE	RIDGE A	ATOKA		ate, Federal or Fee			
Location	10	001							****		
Unit Letter	_ :	80'	Feet F	rom The	NORTH	Line and	1980'	Feet From The	WEST	Line	
Section 23 Townshi	<b>b</b> 23S		_	34E			1.50				
Section 23 Townshi	p 233		Range	346		NMPM,	LEA			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AN	ID NATI	RAL GA	.0					
Name of Authorized Transporter of Oil	(XXI	or Conden			Address (	Give address to	which appro	ved copy of this fo	rm is to be sen	t)	
KOCH GATHERING, INC.								RIDGE, TEXAS 76024			
Name of Authorized Transporter of Casing			or Dry	Gas XX	Address (	Give address so	which appro	wed copy of this fo	rm is to be sen	()	
GAS COMPANY OF NEW ME.  If well produces oil or liquids,		<del></del> i			P.O.	BOX 2640	<u>0, ALBU</u>	RQUERQUE,	NM 87125		
ive location of tanks.	Unaix	Sec.	<b>Twp.</b> 235	1 34E	Is gas acts	MES	? [ W	hen ?	10 01 70		
this production is commingled with that					line order -			1+6/ "	10-21-79 - <i>そ</i> るこ		
V. COMPLETION DATA	,	o. ,		· · · · · · · · · · · · · · · · · · ·	mile careet m			X = X = C	- 9° (C) - X	<del>`</del>	
Designate Time of Completion	<b>20</b>	Oil Well	7	Gas Well	New We	il Workover	Deeper	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Soudded		<u></u>	_1_		<u> </u>		ii	_ i			
Date Springer	Date Comp	l. Ready to	Prod.		Total Dept	ih		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Mucina En			Top Oil/G	ne Day					
(10)		constant to	шисоц		Top on cas ray			Tubing Depth	Tubing Depth		
erforations	·	***			<u> </u>			Denth Casing	Depth Casing Shoe		
								John Carlo	, CRAC		
TUBING, CASING				NG AND	CEMEN	TING RECO	ORD	<u></u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			S	SACKS CEMENT		
						<del></del>					
		<del> </del>				· · · · · · · · · · · · · · · · · · ·					
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE			<del></del>					
IL WELL (Test must be after re				oil and must	be equal to	or exceed top a	illowable for i	this depth or be fo	r full 24 hours	1	
ata First New Oil Run To Tank	Date of Test				Producing I	Method (Flow,	pump, gas lift	, etc.)	<i>j</i>	<u></u>	
and of Tag											
ength of Test	Tubing Press	PLIFE			Casing Pres	perte		Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.			6 00	C. VCF		
	Oii - Bois.				Water - ISOLE.			Gas- MCF	GAL- MCF		
GAS WELL					<del></del>						
ctual Prod. Test - MCF/D	Length of Te	<u></u>			Bala Card	camate/MMCF					
					DOIS. COM	MIMIC!		Gravity of Co	Gravity of Condensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
					=	. ,					
L OPERATOR CERTIFICA	TE OF	COMPL	JAN	CE			···-		<del></del>		
I hereby certify that the rules and regulat	ions of the O	il Conserva	tion			OIL CO	NSER\	/ATION D	IVISION	l	
Division have been complied with and the is true and complete to the best of my kn	at the inform	ntion given belief	above		ŀ			IAM	2 1993		
		J-12561.			Dat	e Approv	ed	JAIN	- 1993		
Than strains						• •		n <b>v</b>			
Signature English					By Paul Kantz						
STAN SMITH	OPERA		<u> </u>	MR.			Geologis				
Printed Name 2 - 28 - 92	817 6	92-30 <sup>1</sup>	<b>745</b>		Title	<b>}</b>					
Date		Teleph									

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.

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OCD HUBBS OFFICE