Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico ... ... rgy, Minerals and Natural Resources Departme...

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

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.					BLE AND		RIZATION GAS				
Operator HUNT OIL COMPANY				• • •				API No. 30-0	,25-,2	6321	
Address 1445 ROSS AT FIELD, DA	₹LLAS,	TEXAS	76308	3							
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghead		Dry Ga Conden	nate	E		VE DATE				
If change of operator give name and address of previous operator	FIC EN	T. OIL	co.,	, USA,	4245 KE	MP, SUIT	TE 600, W	.F., TEX	AS 7630	8	
IL DESCRIPTION OF WELL Lease Name	AND LEA		1								
STATE 23 CEE		Well No.			ding Formation RIDGE MO			of Lease Federal or Federal		208	
Location Unit LetterF	_ :1	980'	. Feet Fr	om The N	ORTH L	ne and	1980' F	et From The	WEST	Line	
Section 23 Townshi	<b>p</b> 23S		Range	3	4E	мрм,	LE	A		County	
III. DESIGNATION OF TRAN				D NATI						<del></del>	
Name of Authorized Transporter of Oil KOCH GATHERING, INC.	1 / 1 / 1 / 1				i i			copy of this form is to be sent) NRIDGE, TEXAS &6024			
Name of Authorized Transporter of Casing GAS COMPANY OF NEW MEX				Address (G	Address (Give address to which approved P.O. BOX 26400, ALBURO			copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	. Is gas actua	lly connected?			1411 07 1	23	
give occasion or mines.  If this production is commingled with that	F I	23	235	34E		YES	Liza	8-88			
IV. COMPLETION DATA				• CONTRACT	String Order Min	10er:		12 807	۷		
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth		<u>,,L_,</u>	P.B.T.D.	<u> </u>	<b>-</b>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Cias	Pay		Tubing Depth			
Perforations					1			Depth Casing Shoe			
TUBING, CASING AND						NG RECO	)RD		<del></del> -		
HOLE SIZE	CASING & TUBING SIZE					DEPTH SE		SACKS CEMENT			
					<del> </del> -						
		<del></del>									
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	······································	<u> </u>	<del></del>	·-·-·	<u> </u>			
OIL WELL (Test must be after re Dute First New Oil Run To Tank	Date of Test		of load o	il and mus			illowable for this pump, gas lift, e		or full 24 hou	73.)	
	Date of Tes				r rouseing, iv	Edicu (Piow,	<i>рын</i> р, <u>да</u> гуг, е	<b></b>			
Length of Test	Tubing Pressure				Casing Press	ure .		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbla			Gas- MCF	Gas- MCF		
GAS WELL	<del> </del>				<del></del>	•		<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	ante/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATION OF A PROPERTY OF THE PROPERTY OF TH	tions of the C	Dil Conserv	ration	CE			NSERV/	***	DIVISIC		
Signature STAN SMITH OPERATIONS AGMR.						By Paul Kautz Geologist					
Printed Name 12-28-92	inted Name 12-28-92 817 692-3003					Geologist Title					
Date		Teler	phone No	).							

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.