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 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 REQUEST FOR ALLOWABLE AND AUTHORIZATION 1 TO TRANSPORT OIL AND NATURAL GAS Operator Well Al'I No. 30-025-09604 Eunice Well Servicing Company, Inc. Address do Oil Reports & Gas Service, Inc., Box 755, Hobbs, NM 88241 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change Lease name from Pan American-Myers to  $\boxtimes$ Myers. Effective 5/1/92 Recompletion Dry Gas x Change in Operator If change of operator give name and address of previous operator Thompson & Cone, P.O. Box 10217, Lubbock, TX 79408 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease Lease No. XXX, Federal or FXX Myers 1 Jalmat Tansill-Y-SR C-032451-C Location 1650 Unit Letter \_\_\_H Feet From The North Line and 330 \_\_\_\_ Feet From The \_\_East 22 24S Range 36E , NMPM, Lea 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) None Name of Authorized Transporter of Casinghead Gas or Dry Gas KX Address (Give address to which approved copy of this form is to be sent) 76102 Sid Richardson Carbon & Gasoline Co. 201 Main St., 1st City Bank Tower, Ft. Worth, If well produces oil or liquids, Twp. Unit Sec. Rge. Is gas actually connected? When? give location of tanks. Yes 5/10/54 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen | Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Casing Pressure Choke Size Tubing Pressure Water - Bbis. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. 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 JUN 05'92 is true and complete to the best of my knowledge and belief. Date Approved orig. Signed by Worsh Paul Kautz e [L. Geologist Bν Donna Holler Agent Printed Name Title Title\_ 6-2-92

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

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

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.