- ubmit 5 Copies
Appropriate District Office
JISTRICT I
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

)|STRICT II O. Drawer DD, Anesia, NM 88210

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator					Well	API No.	-		
Bruce A. Will	banks Compa	any						·······	
P.O. Box 763	Midland, T	Cexas 797 <u>0</u>	2						
(eason(s) for Filing (Check proper box)			Out	es (Please expla	ain)				
lew Well		is Transporter of:  Dry Gas	effe	ctive	4-1-90	<i>)</i>			
hange in Operator	Casinghead Gas	Condensate	$\omega_{\nu}$						
	anexco Inc.	P.O. Box	1206 J	al, NM	88252				
•	ANDIFACE				-				
. DESCRIPTION OF WELL AND LEASE ABBE Name Well No. Pool Name, Include						of Lease No.			
Farnsworth "A" Fe	ederal 2	Scarboro	ugh Yat	es 7 Ri	ver <b>g</b>	Federal or Fee	LC-0	30180-A	
<b>.ocation</b> D	330	Q	Outh	990	)		Fact		
Unit LetterP	:330	_ Feet From The _	Lin	e and	F	et From The _		Line	
Section 13 Towns	hip 26-S	Range 36	-E , N	MPM,		Lea	1	County	
T DESCRIPTION OF THE A	NODODENO OF A	OVE AND NAME	IDAL CAC						
II. DESIGNATION OF TRA				e address to wh	ich approved	copy of this for	m is to be se	ni)	
Shell Pipe Line (	IXI					and, TX			
tame of Authorized Transporter of Casi		or Dry Gas	ı			copy of this for		nt)	
El Paso Natural Gas Co.  well produces oil or liquids, Unit Se		Twp. Rgs.	P.O. Box 1492 E1 Is gas actually connected?						
ve location of tanks.	P 13	26S 36E	1 -	es		?			
this production is commingled with the	t from any other lease o	r pool, give comming	ling order num	ber:	<u> </u>		<del></del>		
v. COMPLETION DATA	lOil We	II Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)	i	i	<u> </u>	<u>i                                      </u>	i i			
ate Spudded	Date Compi. Ready	to Prod.	Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth				
erforations						Depth Casing	Shoe		
	TUBING	, CASING AND	CEMENTI	NG RECOR	D	<u> </u>	<del></del>		
		UBING SIZE	DEPTH SET			SA	SACKS CEMENT		
						ļ			
			<del> </del>		· · · · · · · · · · · · · · · · · · ·				
	<del> </del>								
TEST DATA AND REQUE				4. 4					
IL WELL (Test must be after a First New Oil Run To Tank	recovery of total volume	e of load oil and must		exceed top also thod (Flow, pu			Juli 24 hour.	's.)	
et lite ion on Not io ion									
ength of Test	Tubing Pressure		Casing Pressure			Choke Size			
cual Prod. During Test	ul Prod. During Test Oil - Bbls.		Water - Bbls.			Gas- MCF			
tion from During 1999	Total Data Control of the Control of								
AS WELL	<u> </u>								
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
in Maked (nited heat on )	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
sting Method (puot, back pr.)	Tooling Freedom (cares in)		(						
I. OPERATOR CERTIFIC	ATE OF COM	PLIANCE			050	TIONS	" "0"0		
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				APR - 5 1990					
19 4/1/1				Date Approved					
Muse Fullianin				ORIGINAL SIGNED BY JERRY SEXTON  ByDISTRICT I SUPERVISOR					
Streener Bruce A- a	W: 1bANKS -	Operator	-,_						
Printed Name	0,-1	Title	Title.	·					
4-3-90 Date	713 60	Ofernose Title \$2 75-82- ephone 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.