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Appropriate District Office
DISTRICT 1
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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.	!	UIHA	11121	OKI UIL	AND NA	TURAL GA		DI No			
Operator T. I. O							Well A	LF1 140.			
McDonnold Operating, I	nc.										
• •	to 20%	Mial	an A	<b>ጥ</b> ሃ ሻብ	701-4347	7					
505 N. Big Spring, Sui Reason(s) for Filing (Check proper box)	LE 204,	riidi	anu,	1V 1A		ret (Please explo	zin)				
New Well		Change in	Transc	orter of:		to a construction	•				
Recompletion	Oil Dry Gas										
Change in Operator	Casinghead	Gas	Conde		Effectiv	ve date:	Septem	ber 1, 1	992		
f change of operator give name	~ .	4			······································		T			OV 7011	
and address of previous operator <u>Grac</u>			Corp	oration	, 6501	North Bro	adway,	OKLAhoma	LIFY,	OK / 311	
II. DESCRIPTION OF WELL			In		¥		V:-4	f Lease		anna No	
Lease Name Cline Federal	· · · · · · · · · · · · · · · · · · ·								f Lease No. Federal or Fee NM0141096		
Location	1_		Lan	gile-na	LLIX ()	KIVELS //	* G.N			11070	
	. 2310		<b>.</b>	N	orth	e and330	) E.		West	Line	
Unit LetterE	1_2310		. Pect 1	rom the	<u> </u>	e and	го	et From The		11116	
Section 15 Township	23S		Range	37E	, N	MPM,	Le	a		County	
III. DESIGNATION OF TRAN				ND NATU	RAL GAS		lish some - ·	nomi of this f	om je sa L		
Name of Authorized Transporter of Oil	LX)	or Conden	sate			ve address to wh				ini)	
Navajo Refining Company						P.O. Box 159, Artesia, NM 88201  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas											
Texaco Exploration & P					P.O. Box 1929, Eunice,						
If well produces oil or liquids, give location of tanks.				Is gas actually connected? When Yes Un							
f this production is commingled with that i	rom any othe						∪П	known			
V. COMPLETION DATA			F 6		- p - 1 poli						
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	İ				1	1			1	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
There is a Property of Declaration of Declaration				Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					,	,		Tubing Depart			
Perforations	L				L			Depth Casin	g Shoe		
	Т	UBING.	CAS	ING AND	CEMENTI	NG RECOR	.D				
HOLE SIZE			SIZE				SACKS CEMENT				
										. ,	
U MEOM DAMA ARIS SECURIO	T FOR A	i i ou	ADF	7				<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to a	r arceed ton all	owahle for thi	depth or he t	or full 24 hou	ers.)	
OIL WELL (Test must be after red) Date First New Oil Run To Tank			oj 10a0	ou ana musi	Producino M	lethod (Flow. m	ump, gas lift.	tc.)	J 2 + 150H		
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	aure		Choke Size			
-											
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	š.		Gas- MCF			
								<u> </u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
							O ala Sia				
Testing Method (pitot, back pr.)	g Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	<u> </u>				l			1			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE			JSEDV	ΔΤΙΩΝΙ	חועופור	N	
I hereby certify that the rules and regul						OIL OOI	NOET V			J14	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					SEP 1 7 '92						
is true and complete to the best of my l	mowieage an	u Dellet.			Date	e Approve	ed				
Cian M. Mo Don	W										
					∥ Bv_	By ORIGINAL SIGNED BY ALTRY SEXTON					
Signature Craig M. McDonnold President					SISTAMET I SUPERVISOR						
Printed Name			Title	206	Title	)					
August 31, 1992	(9	15) 6			'"'						
Date		Tel	ephone	No.	1						

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.