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

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, Arlesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		IO IN	AINS	SPORT OIL	אוו טאא -	TUHAL G	45				
Ob								API No. -025-10830			
Address P.O. Box 1150 Midland, TX 79702											
Reason(s) for Filing (Check proper box)						or /Planes aval	-:-1				
Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of:											
Recompletion	Oil	Change	•	Gas 🗆							
Change in Operator	Casinghea	4 Gar. 🔯	•	ndensate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Inch					ling Formation			Kind of Lease		Lease No.	
C. E. LaMunyon	10	No	rth Teague	e Devonia	n	, ,	State, Federal or Fee Federal		LC030187		
Location											
Unit Letter L				Line and Fe							
Section 22 Township 23S Range 37E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUI Name of Authorized Transporter of Oil or Condensate						RAL GAS Address (Give address to which approved copy of this form is to be sent)					
Shell fipeline											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline					Address (Give address to which approved copy of this form is to be sent) 201 Main St., Suite 3000, Ft. Worth, TX 76102						
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. i			Is gas actually connected? When Yes						
If this production is commingled with that i	rom any othe	er lease or	pool,	give comming!	<u> </u>				KIIOWII		
IV. COMPLETION DATA					1		1			· · · · · · · · · · · · · · · · · · ·	
Designate Type of Completion	· (X)	Oil Well	ļ	Gas Well	New Well	Workover '	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prod	i.	Total Depth	I	l	P.B.T.D.	L	1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe					
TUBING, CASING AND C						NG RECOR	D				
HOLE SIZE CASING &					DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES								4 4		. 1	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		of loa	id oil and must		exceed top also thou (Flow, pu			or full 24 hour	·s.)	
	Date Of IVA					, ,					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas-MCF			
GAS WELL	<u> </u>							.L			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE		NI 0011	0000	·			
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.					Date ApprovedJAN 1 3 '92						
O V Pioleur					Date	Approved	<u> </u>				
Signature Took Assistant					By ORIGINAL SIGNED BY JETEM CEXTON DISTRICT E SUPERMODER						
J. K. Ripley Printed Name	J. K. Riplet Tech Assistant nied Name Title						ម ដោះ មេន ដែ	urskijs)	4		
12/10/91 (915)687-7148 Date Telephone No.											
PAG		166	hve		ll						

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.

RECEIVED

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