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

## SIZE OF NEW MEXICO rgy, Minerals and Natural Resources Departs. 4

Form C-104 Revised 1-1-89 See Instruction

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

1000 R0 B1206 R0., AZICC, NM 67410								IZATION				
I. Operator		TO TRA	NSP	ORT OIL	AND	NAI	URAL G	AS Well	API No.		<del>-</del>	
CRUMD	Pen	Col	2 pox	popation 3				025/0846				
Address P. V.	Box 5	Box 50820					lland		as 19	2 19910		
Reason(s) for Filing (Check proper box)			_	_		Other	(Please exp	lain)				
New Well		Change in	Transpo Dry Ga			- 01	2	<b>7</b> .	1 / 19	G I		
Change in Operator	Oil Casingheac	. G	Conden			E+4	ective	Decemb	ber 1, 19	71		
							7 - 2	. 1610	N.11.		VIC 7070	
and address of previous operator AKCC a DIV	) Oil	F ATLA	G a	S COM RICHFII	pano ELD C	DHPA	120. D	ox 1610	, F1.a [a	na, le	x45 7970	
IL DESCRIPTION OF WELL.	AND LEA	ISE		ame, Includi					of Lease		ease No.	
Lease Name MELBA GOINS	5	/					evan Rivers	I .	, Federal of Fe			
Location	2	30		om The	2 TT		. 90	, 30 1	Feet From The	FACT	Line	
Unit Letter	_ · <u></u>							, <u>, , , , , , , , , , , , , , , , , , ,</u>		LASI		
Section 27 Township	, 23	\$	Range	<u> 37</u>	<u>E</u>	, NM	РМ,		Lea	· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRAN	SPORTE			urak d	RAL C	GAS		.hich assessment	d copy of this	form is to be	rut)	
Name of Authorized Transporter of Oil or Condensate								_	V . TX	_		
SHELL PIPELINE CORPORATION  ame of Authorized Transporter of Casinghead Gas  To Day Gas  T								d copy of this				
El Paso Natural	O Hatural Gas Company racen					Box 1384, Jal NI						
If well produces oil or liquids,	Unit	Sec. ~	Twp	Rge	is gas :	ctually	connected?	Whe	a? 0 2	1 00		
give location of tanks.	$\perp P \perp$	27		3137E	<u> </u>		YES	i	7-2	4-80		
If this production is commingled with that I IV. COMPLETION DATA	from any oth	er lease or	pool, giv	e comming	ling orde	r numbe	ar					
D. J. D. C.	~	Oil Well		Gas Well	New	Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		al Pandu te			Total I	) Petrib		.1	P.B.T.D.	1		
Date Spudded	Date Comp	я. Кежду и	PIOC			~~~			r.b. t.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr		Top Oi	Top Oil/Gas Pay				Tubing Depth				
Perforations										Depth Casing Shoe		
		TIDDIC	CASE	NC AND	CEME	אדדא	G PECO	8D				
HOLE SIZE		SIZE	CEMENTING RECORD DEPTH SET					SACKS CEM	ENT			
11000 0120												
	<del> </del>											
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		<del></del>		<u> </u>					
OIL WELL (Test must be after r	ecovery of 10	stal volume	of load	oil and musi	be equa	i 10 or e	xceed top at	lowable for t	his depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank						ing Met	hod (Flow, p	ownp, gas lift	, etc.)			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size	Choke Size		
Autual Band During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bois.										···	
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing	Casing Pressure (Shut-in)				Choke Size		
VI OPERATOR CERTIFIC	'ATF OF	COM	TIA	NCE.	1					D11 (1015		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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.					JAN 23'92							
us true and complete to the best of my	VIOWIEGEE F	no deikt.				Date	Approv	ed		<del></del>		
Minda de ARS.	<b>'</b>					_	<b>**</b> **********************************					
Signature, 1 1 1 1 1 1 C						By ORIGINAL SIGNAL SIGN						
Michael E. Black All Dec.						Title						
Printed Name		915-1	,	950		Title_						
Date		Tel	ephone i	<del></del>	11							

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.