Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

I.

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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					Well	API No.				
BRUCE A. WILBANK	S COMPANY									
Address D O DOV 763	MTDI AND	TV	70700							
P. O. BOX 763 Reason(s) for Filing (Check proper box)					79702 Other (Please explain)					
New Well	Change in Tra	ansporter of:		or (1 tempe capito	,					
Recompletion	Oil 🗓 Dr	, —	•	A				111-4		
Change in Operator	Casinghead Gas X Co		0	4 Effect	ive 5-1	-92 ga	2 4/	117 71		
if change of operator give name and address of previous operator							- 00			
II. DESCRIPTION OF WELL	AND LEASE							÷		
Lease Name		ol Name, Includi				of Lease	L	ease No.		
FARNSWORTH "A" F	EDERAL 5 S	CARBOROUG	H YATES	7 RIVERS	XXX,	Federal ox Res	LC-0	30180-A		
Location	1000		N.	10	ລຂດ	Li				
	: 1980 _{Fe}	et From The	Lin	e and		et From The		Line		
Section 18 Township	_p 26-S Ra	nge 37-	E , N	мрм,	Lea			County		
III DESIGNATION OF TRAN	CDADTED OF AII	A BITTO BI A TOTAL	DAT CAC							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil			Address (Giv	e address to wh	ich approved	copy of this form	is to be se	ent)		
Enron Oil Trading & Transportation				Address (Give address to which approved copy of this form is to be sent) P. O. Box 10607, Midland TX 79702						
Name of Authorized Transporter of Casing	ghead Gas XX or	Dry Gas				copy of this form				
Sid Richardson Carbon & Gasoline Company				201 Main Street, Fort Worth, TX 76102						
			Is gas actually connected? When ?							
		6S 37E	<u>y</u> €							
If this production is commingled with that if IV. COMPLETION DATA	rom any other lease or poo	l, give commingli	ing order num	ber:				· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion -	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Pro	xd.	Total Depth	<u> </u>	<u></u>	P.B.T.D.		<u>, l</u>		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth					
Perforations						Depth Casing S	hoe			
	TURNIC C	ASING AND	CEMENT	VC DECODI	<u> </u>					
HOLE SIZE	CASING & TUBIN		CEMENTI	DEPTH SET	<i>.</i>	SAC	KS CEM	-NT		
TIOLE SIZE SASING & TODING SIZE		TO SIZE	DEF ITT SET			ONOICO OLIVILITY				
U MOOM D. M. AND DECKING										
V. TEST DATA AND REQUES OIL WELL (Test must be after re			he equal to one	exceed top allow	wahla for this	e denth or he for i	full 24 hour	re)		
Date First New Oil Run To Tank	covery of total volume of to	oaa ou ana musi		ethod (Flow, pur			121 24 7102	3.)		
Date I ha New Oil Roll To Talk	Date of Test		1 100000 III	Zuioc (1 1011, p.z.)	. 1 0, 0	,				
Length of Test	Tubing Pressure		Casing Pressure			Choke Size				
Actual Prod. During Test	During Test Oil - Bbls.		Water - Bbls.			Gas- MCF				
GAS WELL					 	10				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size					
					<u>.</u>					
VI. OPERATOR CERTIFIC	ATE OF COMPLI	ANCE								
I hereby certify that the rules and regula			(OIL CON	SERV	ATION DI	VISIC	N		
Division have been complied with and that the information given above						MAR 23	'Q?			
is true and complete to the best of my knowledge and belief.			Date	Approved	 t	man a o	J <u>L</u>			
Simpling			By_			BY JERRY SEX	TON			
Signature Jeanette Lowery Agent				DIS	TRICT, I S	JPERVISOR		Ü		
Printed Name	Tit 915 682 7582		Title							
3-18-92 Date	915 682 7382 Telepho									
			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.

RECEIVED

MAR 2 0 1992

CO HOSS OFFER

; 1