Submit 5 Copies

Appropriate Listing Office
DISTRICT
2.0. Box 1980. Hoods, NM 88240

DISTRICT II P.O. Drawer UD. Anesia. NM 88210

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

Jule of New Mexico

Energy, Minerais and Natural Resources Department

P.O. Box 2088

Santa Fe. New Mexico \$7504-2088

DISTRICT III		Mexico 87504-2088		
1000 Rio Brazos Rd., Aztec, NM 874	REQUEST FOR ALLOW!			
I. Operator	TO TRANSPORT O	IL AND NATURAL GA	S Weil API No.	
CERIDIAN CIL INC.			30.025-033/00	
2. 0. EOX 5181	10 MINIAND TV - 10710 10	1.0		
Reason(s) for Filing (Check proper bo	<u>10, MIDLAND, TM = 79710-18</u> ∞	ther iPlease expiai	ותו	
New Well	Change in Transporter of:	· ·	Gatherer from El	Paso Naturai
Recompletion	Oil Dry Gas		Richardson Carbo	
Change in Operator If change of operator give name	Casinghead Gas Condensate	Company.		
and address of previous operator II. DESCRIPTION OF WEI	II. AND I FASE	-		
Lease Name	Water Well No. Pool Name, incit		Kind or Lease	Case No.
Moberly Rholes	Flord / Modes	Yates 7-R	State Federal or Fee	030181-0
Unit Letter		N ine and 19	80 Feet From The	le Line
Section 2/Town	naship 26-5 Range 7	7 C NMPM.	Lea	County
III. DESIGNATION OF TR	ANSPORTER OF OIL AND NAT	URAL GAS		
Name of Authorized Transporter of O	il or Condensate		ich approved copy of this form	is to de senti
Name of Authorized Transporter of Ca	—	* * * * * * * * * * * * * * * * * * * *		
Sid Richardson Carbo	- -	•	ch approved copy of this form	
If well produces out or liquids, gave location of tanks.		e. 1 is gas actually connected?	When?	76102
If this production is commingied with t	that from any other lease or pool, give commit	ngiing order number:	7-178	
IV. COMPLETION DATA				
Designate Type of Completi	Oil Well Gas Well On - (X)	New Well Workover	Deepen Plug Back Sai	me Resiv Diff Resiv
Date Spudded	Date Compt. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	s (DF, RKB, RT, GR. etc.) Name of Producing Formation		Top Oil/Gas Pay Tubing Depth	
Perforations			Depth Casing S	hoe
	TUBING, CASING AN	D CEMENTING RECORI)	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		CKS CEMENT
V. TEST DATA AND REQU	IFST FOR ALLOWARLE			
	er recovery of total volume of load oil and mi	ust be equal to or exceed top allo	wable for this depth or be for	full 24 hours.i
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pur	mp, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbis.	Water - Bbis.	Gas- MCF	
GAS WELL	<u>.</u>			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensue/MMCF	Gravity of Con-	densate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIF	ICATE OF COMPLIANCE			
I hereby cerufy that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION		
Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		FEB 05'92		
·	_	Date Approved	d	
Corrie a Molek		By ORIGINAL	. SIGNED A CHEEK OF	XTON
Signature Connie L. Malik, Re	gulatory Compliance Rep.	Dis	STRICT I SUPERVISOR	
Printed Name	Title	Title		
1/22/92 Date	915-688-6891 Telephone 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.