Submit 5 Cortes Appropriate Listing Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

Late of New Mexico

anergy, Minerais and Natural Resources Department

Form C-104 | Revised 1-1-89 See Instructions

DISTRICT II P.O. Drawer u.D. Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe. New Mexico 87504-2088

00 Rio Brazos Rd., Azzec, NM 87410	
	REQUEST FOR ALLOWABLE AND AUTHORIZATION
	TO TRANSPORT OIL AND NATURAL GAS

6000 3	at Bottom of Page
N	
eil API No.	- /

ī		ILE AND AUTHORIZATION			
Derator	O THANSPORT CIL	AND NATURAL GAS	API No.		
	,		025-0341500		
Address (ERIDIAN GIL INC			023 - 03/100		
0. 0. BOX 51810,	MIDLAND, III 79710-1810	1			
Reason(s) for Filing (Check proper box)	710-(81)	ther (Please explain)			
New Well	Change in Transporter of:		//		
Recompletion	Oil Dry Gas		er from El Paso Natural		
Change in Operator	Casinghead Gas Condensate		dson Carbon & Gasoline		
If change or operator give name		_Company.			
and address of previous operator					
IL DESCRIPTION OF WELL	AND LEASE				
Lease Name	Well No. 1Pool Name, including	ng Formation Kind (of Lease No.		
Moberly B	2 Rhodes	Vates Scue4 & States	Federal or Fee 40 3018/		
Location					
Unit Letter	: CLO Feet From The	N Line and 1980 Fe	et From Theine		
1/	-/ - O	7 = 1 = -			
Section 2/ Townshi	p 26.5 Range 37	-E. NMPM. Lea	County		
III DESIGNATION OF TO AN	ICROPATED OF OUR AND MARKET				
Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU				
The or The Control of	or Concentrate	Address (Give address to which approved	copy of this form is to be sent;		
Name of Authorized Transporter of Casin	ghead Gas or Dry Gas	Address (Give acciress to wnich approved	ann af this face		
Sid Richardson Carbon	· — · /-				
If well produces on or liquids,		201 Main Street, Ft. W			
give location of tanks.	1 2/ 16 37		'N A		
If this production is comminsted with that	from any other lease or pool, give commingi	ing order number:	7		
IV. COMPLETION DATA S	D RICHARDSON GASOLI	NE CO Eff. 3/1/93			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v		
Designate Type of Completion	- (X)				
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.		
	!	.			
Elevations (DF, RKB, RT, GR, etc.)	Name or Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	!	!	<u></u>		
Perforations			Depth Casing Shoe		
	TUBING, CASING AND				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V. TEST DATA AND REQUES	T FOR ALLOWARIE				
	ecovery of total volume of load oil and must	he equal to or exceed ton allowable for the	is denth or he for full 24 hours i		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift,			
	l l		,		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
•	1	:	;		
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF		
			•		
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			:		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	: Choke Size		
g			!		
VI OPERATOR CERTURO	ATE OF COMPLIANCE				
VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERV	OIL CONSERVATION DIVISION		
I hereby cerufy that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					
is true and complete to the best of my	5	Data Approved	FEB 07'92		
0 - 0	1 0 5	Date Approved			
Copper Le Meliko		ORIGINAL SIGNIE	LEV IEBOV COM		
		By DISTRICT I SUPERVISOR			
	latory Compliance Rep.	DISTRICT	POLER AIPCK		
Printed Name 1 / 2 2 / 0 2	Title	Title			
1/22/92 9 Date	15-688-6891 Telephone No.	FOR RECORD C	NIY		
	respicte No.	FUK KECUKU C	COULT COUNTY		

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
APR 2 6 1993

OCD HOBBS 0---