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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

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

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

Santa Fe, New Mexico 87504-2088

- 1000 Rio Brizos Rd., Aziec, RM 8/410	REQ					AUTHOR					
I. Operator		TOTRA	NS	PORT O	L AND NA	TURALG		API No.	NEC.	EIVE	
SEA SAND OIL COMP	ANY									CON A SE	
Address 917 Capital Natio	nal Ba	ank Bl	.dg	, Fo:	rt Wort	h, Tx	76102		MAY	1 5 1989	
Reason(s) for Filing (Check proper box)	h				Ot	her (Please expi	lain)			ERVATION DIV	
New Well  Recompletion  Change in Operator	Oil Casinghe	Change in  A  ad Gas	Dry (						SAI	NTA FE	
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE								•	
Loase Name Wills Federal				of Lease , Federal or Fe	of Lease No. Federal or Fee 30120						
Location Unit LetterD	_ :6	60			N Li		^	eet From The	West	Line	
33 Section 26 Townsh	ip		Rang	e 37	East,N	мрм,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IT. A)								
Name of Authorized Transporter of Oil  . or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Co. of Texas  Name of Authorized Transporter of Casinghead Gas or Dry Gas								chita, Kansas 67201 Copy of this form is to be sent)			
Traine of Additionized Transporter of Cash	•		or Di	y Gas []	Address (GA	ve daaress to wi	uch approved	i copy of this j	orm is to be s	ini)	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 33	Twp. 26	3 7 Rge.	Is gas actual		When	1 7			
If this production is commingled with that IV. COMPLETION DATA			pool, g	rive comming	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Well	   	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth		<b></b>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
Perforations								Depth Casing Shoe			
		TIDDIC	<u> </u>	DIC AND	CEN CONTRA	NG PECOP	D				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			5	SACKS CEMENT		
								-			
V. TEST DATA AND REQUEST OIL WELL (Test must be after r					the equal to or	exceed top allo	owable for thi	s denth or he t	or full 24 hou	ere )	
Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Dec	ACCI 199			Casing Press	ıre		Choke Size			
	Tubing Pressure										
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<del></del>										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul				NCE		OIL CON	ISERV	ATION I	DIVISIO	N	
Division have been complied with and is true and complete to the best of my l	that the infor	rmation give		/e	Date	Approve	d	MAY	1 9 19	89	
Valores 7	net	leve	, <del></del>		By_	- •		Orig. Sig	ned by		
Signature Dolores Marti	nez		gen	ıt				Geolog	aucz rist		
Printed Name 5/12/89	(817)	336-3			Title					<del></del>	
Date		Telep	hone l	No.	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

MAY 18 1989

OCD HOBBS OFFICE