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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

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.		IO IN	ANS	<u> </u>	AT OIL	- AND INA	TOTAL OF		ADIN			
Operator									API No. 0 025 12378			
Address												
P. O. Box 730 Hobbs, Ne	w Mexico	8824	0-25	28		<b>.</b>						
Reason(s) for Filing (Check proper box)		Other (Please explain)     EFFECTIVE JANUARY, 1992										
New Well Change in Transporter of: EFFECTIVE JANUARY, 1992												
Change in Operator		d Gas 🗵			ite 🔲							
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.												
1 <del>,</del>						ing Formation TUBB DRINKARD			State, Federal or Fee		ease No. 12–5	
Location NOPTH 1930 WEST												
Unit Letter C : 516 Feet From The NORTH Line and 1830 Feet From The WEST Line												
Section 5 Township 25S Range 38E , NMPM, LEA County												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Grant Or Condensate Address (Give address to which approved copy of this form is to be sent)												
Name of Authorized Transporter of Oil  Texas New Mexico Pipeline C							1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas							Address (Give address to which approved copy of this form is to be sent) P.O. Box 3000 Tulsa, OK 74102 / P.O. Box 1126 Jal,					
TEPI / Sid Richardson  If well produces oil or liquids, Unit Sec. Twp. Rg					Rge.	is gas actuali		Whe				
give location of tanks.	D	32	24	s j	38E		YES	i	01	-17-92		
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool,	give	comming	ing order numi	er:					
Designate Type of Completion	- (X)	Oil Well	ij	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	l. Ready to Prod.			<del>, i</del> .	Total Depth	<u> </u>	<u></u>	P.B.T.D.	<u> </u>			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casis	ng Shoe		
TUBING, CASING AND							CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
						[						
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOW	ABL	E d sil	and must	he equal to or	exceed top allo	wable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te		0,100		una mas.	Producing Me	thod (Flow, pu	mp, gas lift,	elc.)	,		
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
League of 164	Tuoing Tie	1 aving 1 reserve							Con MCE	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	OZ-MCF			
GAS WELL	<del></del>											
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Tosting Method (pitot, back pr.)	back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
THE ADDR 4 MAD CODOMING	A STEEL COTT	001.0	)T T 4	ኤፕፖ	TE .	<u> </u>			1		J	
VI. OPERATOR CERTIFIC					LE		DIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify 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 knowledge and belief.						Date ApprovedMAR 0 2'92						
						Date	Approve					
Signature						∥ By_				r Alberta TV		
L.W. Johnson Engr. Asst.										. •		
02-14-92 (505) 393-7191												
Date		Tele	ephone	No.		[]						

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.