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

State of New Mexico .nergy, Minerals and Natural Resources Depai

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ī.	TOTA	ANSPOF	RT OIL	AND NA	TURAL G	AS					
perator					Well API No.						
MI/ Petroleum Corporation					30-025-12431-00						
Address 1700 Lincoln St	Suite 1000	Danya	~ C	80202 -	1/519						
Reason(s) for Filing (Check proper box)		, Denve	1, 00		er (Please expl	ain)					
New Well		in Transporter	r of:	Our	ei ii ieme expi	un)					
Recompletion		Dry Gas									
Change in Operator	Casinghead Gas	_	e 🔀								
If change of operator give name	moso Prod.	Co. 1	Do lo	Box 50	1 Tule	10 OF	72/201	-			
and address of previous operator	nass para.	<u>co., 1</u>	<u> </u>	11 D 37	1, Jux	m, UX	<u> 17/03</u>				
II. DESCRIPTION OF WELL		,					1 -				
Lease Name	Well No	Well No. Pool Name, Includi			~			FLease Lease No. Sederal or Fee E-497			
State AJ Location	<u> </u>	! Gusi	20 4	Blinil	y .		4	25 - 3	797		
Unit Letter	2310	_ Feel From	The <u>5</u>	iruth) Lio	and 3	3 <i>0</i> Fe	et From The _	West	Line		
Section 30 Towns	thip <i>255</i>	Range	38.	E, N	мрм, Ж	ear			County		
III. DESIGNATION OF TRA		OIL AND	NATUI								
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
iezas NM Pypeline				Address (Give address to which approved copy of this form is to be sent)							
				Address (Giv	e address to w	hich approved	copy of this for	m is to be sei]:18571:1	11) TX 7/ 101		
If well produces oil or liquids, give location of tanks.				Is gas actually connected? When?			00, Ft. WOLLW, TX 76102				
If this production is commingled with th	at from any other lease of	propool, grive o	ommingli	ng order num	 ber:		· · ·				
V. COMPLETION DATA	•										
Designate Type of Completion	on - (X)	ell Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations				Depth Casing Shoe							
	TUBING	G, CASINO	3 AND	CEMENTI	NG RECOR	SD CD					
HOLE SIZE CASING & TUBING SIZE			Έ	DEPTH SET			SACKS CEMENT				
					<u> </u>						
							 				
V. TEST DATA AND REQU	EST FOR ALLOV	VABLE		<u>. </u>							
OIL WELL (Test must be afte	r recovery of total volum	ne of load oil	and must	be equal to or	exceed top al	lowable for thi	s depth or be fo	or full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, p	ownp, gas lift, i	etc.)				
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			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 (S	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
	10 + TP OF CO	OT TABLE		<u> </u>			<u>:</u>				
VI. OPERATOR CERTIF			_E		OIL CO	NSERV	ATION I	DIVISIO	NC		
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 thowledge and belief.				Date Approved MAR 2 0					i		
(J)	els i	÷			• •						
Signature Parhara A F11		ons Cle	 erk	∥ By_	<u> </u>			·			
Printed Name 2 -11-92		Title 3-5364		Title)						
Date		elephone 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.