State of New Mexico

Energy, Minerals and Natural Resources Department

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

P.O. Box 1980 Hobbs, NM 88240 DISTRICT II P.O. Drawer Diu, Artesia, NM 88210

Submit 5 Copies
Appropriate District Office
DISTRICT 1

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 TO TRANSPORT OIL AND NATURAL GAS

	FEDLESS No. NMNM0569 WEST Line County	91 Lease FEI NMN Seral or Fee NMN From The WES	11/01/91 Kind of Lease State, Federal or Fe	BG 660	EFFECT fing Formation [ATTIX SRQ BG	Gas	Change in	MEXICO Oil Casinghea	HOBBS NEW (Check proper box) give name	Address <u>BOX 1710</u> , Reason(s) for Filing (some well Recompletion Change in Operator
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If change of operators give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name GINSBERG FEDERAL Well No. Ready in Prod. Name, including Formation GINSBERG FEDERAL Location Unit Letter M 660 Feet From The SOUTH Line and 660 Feet From The WEST Section 31 Township 25S Range 38E NMPM, LEA III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Texas New Mexico Pipeline Co. Name of Authorized Transporter of Cannighead Gas Texas New Mexico Pipeline Co. Name of Authorized Transporter of Cannighead Gas Sid Richardson Carbon & Gasoline Co. P. O. Box 2528, Hobbs, NM 88240 Name of Authorized Transporter of Cannighead Gas Sid Richardson Carbon & Gasoline Co. P. O. Box 1226, Jal NM 88252 If well produces oil or liquids, Unit Sec. Twp. Ree. Is gas actually connected? When ? The When Production is commingled with that from any other lease or pool, give commingling order number: Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth Perforations Depth Casing Shoe Depth Casing Shoe	NMNM0569 WEST Line County o be serv)	From The WES	State, Federal or Fe	d <u>660</u>	MATTIX SRQ BG	ol Name, Inclu	SE Well No.		us operator	
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7. TEST DATA AND REQUEST FOR ALLOWABLE					<u> </u>	<u> </u>	LOWAL	FOR A	AND REQUES	TEST DATA
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours	4 hours.)	oth or be for full 24 ho	e for this depth or be fo	ed top allowable	be equal to or exceed top				-	
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)									`	
Length of Test Tubing Pressure Casing Pressure Choke Size		oke Size	Choke Size		Casing Pressure		ure	Tubing Press		ingth of Test
Actual Prod. During Test (Oil - Rhie Water - Bbls. Gas- MCF					Water Phile	 		n:: 51:	·	and David David To
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF		e. MCE	Gas MCE		Water - Doir			Dil - Role	est.	and From During 16
		s- MCF	Gas- MCF		1	····				
GAS WELL Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate		s- MCF	Gas- MCF		1				<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
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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.