mit 5 Copies propriate District Office TRICT I ). Box 1980, Hobbs, NM 88240

TRICT II
). Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, .. inerals 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

STRICT III 20 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

MARCALO, I.D.C.    Coling   D.O. BOX 832, MidLand, Tx. 79702		T	O TRANS	SPOF	RT OIL	AND NAT	URAL GA	<u>S</u> ,	B1 \$1.			
Association for Filed (Check proper hou)  Well Charge in Treappoint of Chicage in Treappoint of	perator							Well A	PI No.			
ADMINISTRATION OF TRANSPORTER OF OIL AND NATURAL GAS  IF PRINCIPLE TO THE ARMS AND CONTROL OF THE PRINCIPLE												
Acceptable of the property of		idland.	ጥۍ 791	702								
Completion   Cit   Dry Gas   Catinghead Gas   Margie in Operator give same stage in Op	22son(s) for Filing (Check proper box)	<u>rarara</u>	111. / / /	, , , ,		Other	(Please expla	in)			_	
Lase No. 19 Condenses   Canaghead Gas	sw Well	(		-	r of:							
DESCRIPTION OF WELL AND LEASE  Well Na. M. D. Self Well Na. Pool Name, Including Formation  Well Na. Pool Name, Including Formation  Unit Letter E : 1750 Feet From The North, Lies and 330 Feet From The Name (Name of Lease Name Name)  Unit Letter E : 1750 Feet From The North, Lies and 330 Feet From The North Letter Name (Name of Lease Name)  Section 6 Township 265 Range 38E NMPM, Less County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  III. DESIGNATION OIL AND NATURAL GAS  III. D	completion				닐							
Lacina to gravious operator   DESCRITTION OF WELL AND LEASE   Well Na   Pool Name, Including Formation   Name of Name	nange in Operator	Casinghead	Gas 🔼 Co	ndensat								
DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, including Formation   No.   Co.   Co.	change of operator give name						•					
Assertion No. 1. See 1.	•	ANDIEA	CE .			Ŕ	-9745	11/119				
M. D. Self 6 Justis Blinebry/ Coll. Analysis Blinebry Coll. Blinebry Col		AND LEA	Well No. Po	ol Nam	e, Includia			Kind o	(Lease	1		
Unit Letter   E   1750   Feet From The   Night Line and   330   Feet From The   104es E   Line							de Drinke	ral Sine (	Federal or Fee	06-E-	6-26S-38I	
Section 6 Township 26S Range 38E NMFM, Lea County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Tame of Authorized Insuperior of County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Tame of Authorized Insuperior of County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Tame of Authorized Transporter of County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Address (Give address to which approved copy of this form is to be sens)  The production of Italiats, I. Designated Gas DCC or Dy Gas II. Address (Give address to which approved copy of this form is to be sens)  The production of Italiats, I. Designated Gas DCC or Dy Gas II. The Production of Italiats or Production of Italiats, I. Designate and the Italian of It	ocation					-						
Section 5 Township 205 Reases 302 100 Min 1 Street, Pt. Worth, Texas 76102 100	Unit LetterE	: 175	0 Fe	et From	The	North Line	and330	<u>0</u> F∞	et From The	West	Line	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Address (Give address to which approved copy of the form is to be sent)		260			2017	ND.	(DL)	Lea			County	
Activated Transporter of Oil  PEXAS—New Mexico Pipeline  P.O. Box 2528, Hobbids, New Mexico Pipeline  When 7 Yeas 76102  P.O. Box 2528, Hobbids, New Mexico Pipeline  When 7 Yeas 76102  P.O. Dox 2528, Hobbids, New Mexico Pipeline  When 7 Yeas 76102  P.O. Dox 2528, Hobbids, New Mexico Pipeline  When 7 Yeas 76102  When 1 Yeas 76102  When 7 Yeas 76102  P.O. Box 2528, Holbids New Yeas 80 Yeas 10	Section 6 Townshi	p 26S	Ra Ra	inge	38E	, NN	irm,	164				
Activated Transporter of Oil  PEXAS—New Mexico Pipeline  P.O. Box 2528, Hobbids, New Mexico Pipeline  When 7 Yeas 76102  P.O. Box 2528, Hobbids, New Mexico Pipeline  When 7 Yeas 76102  P.O. Dox 2528, Hobbids, New Mexico Pipeline  When 7 Yeas 76102  P.O. Dox 2528, Hobbids, New Mexico Pipeline  When 7 Yeas 76102  When 1 Yeas 76102  When 7 Yeas 76102  P.O. Box 2528, Holbids New Yeas 80 Yeas 10	T DESIGNATION OF TRAN	ISPORTE	R OF OIL	AND	NATU!	RAL GAS_						
P.O. Box 2528, Hobbs, New Mexico Pipeline   P.O. Box 2528, Hobbs, New Mexico   Basado   Bas	lame of Authorized Transporter of Oil		or Condensate	۳ ا		Address (Give						
A complete to the specific and the speci												
well produces oil or liquids. E 6 Twp. Rec. 26S 36S Yes Nov. 1, 1991  This production is commingled with that from any other lease or pool, give commingling order number:  // COMPLETION DATA  Designate Type of Completion - (X)  Disc Compl. Ready to Prod.  Disc Compl. Ready to Prod.  Disc Completion - (X)  Tubing Depth  Disc Casing Forward - (X)  Disc Completion - (X)  Tubing Depth  Disc Of Tes DATA AND REQUEST FOR ALLOWABLE Disc of Tes Date of	ame of Authorized Transporter of Casinghead Gas XX or Dry Gas						,					
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  CASING & TUBING SIZE  TO CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  TO CASING Well  TO CASING Well  TEST DATA AND REQUEST FOR ALLOWABLE  III. 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.)  TO THE FIRST NEW OIL RUB TO Taok  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  CASING Test  CHARLE FIRST NEW OIL RUB TO Taok  CHARLE FIRST NEW OIL RUB TO										<u>xas /01</u>	<u>UZ</u>	
this production is commingled with that from any other lease or pool, give commingling order number:  // COMPLETION DATA  Designate Type of Completion - (X)  Discompl. Ready to Prod.  Discompletion - (X)  Date Completion - (X)  Discompletion - (X)  Discompletio	well produces oil or liquids,					I -		•		91		
Designate Type of Completion - (X)  Date Approved  Date Approved  Date Approved  Date Date Date Date Date Date Date Date						تستسم المسال						
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  Total Depth  Depth Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING 8 TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  DILL 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.)  Date First New Oil Run To Tank  Date of Test  Leigh of Test  Leigh of Test  Oil - Bibls.  Casing Pressure  Choke Size  Choke Size  Tubing Pressure (Shut-in)  Choke Size  Vision have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  By ORIGINAL SIGNED DY HOLE SEXTOR  DISTRICT SIDELLYSING  Title  Prized Name  Prized Name  Agent  Title  Prized Name  Title  Prized Name  Prized Name  Agent  Title  Title	this production is comminged with that	. Hom any can	or reason or per	A, 6								
Date Compil. Ready to Prod.  Ievations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oll/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  MIL 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.)  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Choke Size  CASING Test  Tubing Pressure  Choke Size  CASING Test  OII - Bbls.  Water - Bbls.  Gas- MCF  Tubing Pressure (Shu-in)  Top Oll/Gas Pay  Tubing Depth  Tubing Depth  Tubing Depth  Top Oll/Gas Pay  Tubing Pressure  Choke Size  Choke Size  OIL CONSERVATION DIVISION  Date Approved  Tubing Pressure (Shu-in)  Date Approved  Title  Priced Name  Priced Confirma  Priced Name  Priced Confirma  Title  Priced Name  Priced Name  Title  Ti			Oil Well	G <sub>2</sub>	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  TUBING, CASING AND CEMENTING RECORD  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  II. 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.)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Valer - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  District Testing Method (pion, back pr.)  Tubing Pressure (Shui-in)  Testing Method (pion, back pr.)  Tubing Pressure (Shui-in)  Choke Size  Oil CONSERVATION DIVISION  Date Approved  By GRIGHAL SIGNED DE GROUP VIECUS  Title  Prized Name  Prized Name  Prized Name  2-12-92  915-684-7441  Title  Tit	Designate Type of Completion		1			Total Domb	l	<u> </u>	DRTD	<u> </u>		
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  TOBING CASING AND CEMENTING RECORD  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  TOBING CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  CASING PRESENT  CASING PRESENT  Choke Size  Choke Size  Choke Size  Tubing Pressure  Choke Size  Choke Size  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  SIgnature  Signature  Prized Name  Agent  Title  Prized Name  OIL CONSERVATION DIVISION  Date Approved  By  ORIGIDAD STRICT I SUPPRIVIEW  Title  Title  Prized Name  OISTRICT I SUPPRIVIEW  Title	Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depui			r.b.1.D.		
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  III. WELL (I set 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.)  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  District Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Oil - Bbis.  Oil - Choke Size  Oil - Conservation  Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Branda Coffman  Agent Tale  Prized Name  ORIGINAL SIGNED OF GRAY - SENTENCE  District I supported the District	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  SACKS	EVALUODS (DF, KKB, KI, GK, EIC.)											
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Choke Size  STATE SACKS CEMENT  Choke Size  Choke Size  STATE SACKS CEMENT  Choke Size	erforations								Depth Casin	ng Shoe		
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Choke Size  STATE SACKS CEMENT  Choke Size  Choke Size  STATE SACKS CEMENT  Choke Size												
ACTUAL Prod. Test - MCF/D  Testing Method (piw, back pr.)  Tubing Pressure (Shui-in)  Testing Method (piw, back pr.)  Tubing Pressure (Shui-in)  Tubing Pressure (Shui-in)  To Test on Test - Interpreted to the best of my knowledge and belief.  By ORIGHAR SIGNED BY ACTUAL  ORIGINAL AND REQUEST FOR ALLOWABLE  Tresting Method (Flow, pump, gas lift, etc.)  To Actual Prod. Test - MCF/D  Length of Test - Water - Bbls.  Casing Pressure  Water - Bbls.  Casing Pressure (Shui-in)  Choke Size  Casing Pressure (Shui-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  By ORIGHAR SIGNED BY Actual Title  Printed Name 2-12-92  915-684-7441  Title		CEMENTI	EMENTING RECORD				ENT					
Date First New Oil Run To Tank  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Choke Size  Choke Size  District - MCF/D  District - MCF/D  Date of Test  District - MCF/D  Date of Test  District - MCF/D  Date of Test  District - MCF/D  Date Approved  Date Approved  Date Approved  Date Approved  District - Supervised  District - Supervised  District - Supervised  District - Supervised  Title	HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SAUNS DEMENT		
Date First New Oil Run To Tank  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Choke Size  Choke Size  District - MCF/D  District - MCF/D  Date of Test  District - MCF/D  Date of Test  District - MCF/D  Date of Test  District - MCF/D  Date Approved  Date Approved  Date Approved  Date Approved  District - Supervised  District - Supervised  District - Supervised  District - Supervised  Title									1			
Date First New Oil Run To Tank  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Choke Size  Choke Size  District - MCF/D  District - MCF/D  Date of Test  District - MCF/D  Date of Test  District - MCF/D  Date of Test  District - MCF/D  Date Approved  Date Approved  Date Approved  Date Approved  District - Supervised  District - Supervised  District - Supervised  District - Supervised  Title												
Date First New Oil Run To Tank  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Choke Size  Choke Size  District - MCF/D  District - MCF/D  Date of Test  District - MCF/D  Date of Test  District - MCF/D  Date of Test  District - MCF/D  Date Approved  Date Approved  Date Approved  Date Approved  District - Supervised  District - Supervised  District - Supervised  District - Supervised  Title							٠.					
Date First New Oil Run To Tank  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Choke Size  Choke Size  District - MCF/D  District - MCF/D  Date of Test  District - MCF/D  Date of Test  District - MCF/D  Date of Test  District - MCF/D  Date Approved  Date Approved  Date Approved  Date Approved  District - Supervised  District - Supervised  District - Supervised  District - Supervised  Title	TEST DATA AND REQUE	ST FOR A	LLOWAI	BLE		<u> </u>				4 6.11 04 ha	`	
Date of Test  Length of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Gas- MCF  Gas- MCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Condensate  Choke Size  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.  Bunda  Signature  Printed Name 2-12-92  915-684-7441  Title	OIL WELL (Test must be after	recovery of 10	otal volume of	load of	l and mus	t be equal to of	exceed top at	lowable for th	es depin or be	Jor Juli 24 no	W 3./	
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Testing Method (pita, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  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.  By ORIGINAL SIGNED DE SECUE SEXTEND  Title  Printed Name 2-12-92  915-684-7441  Title  Title  Title  Title	Date First New Oil Run To Tank	Date of Te	st			Producing M	lemog (Lion, b	ημηψ, gus igi,	<b>L.L.</b> ,			
Actual Prod. During Test  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Gravity of Condensate  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Oll CONSERVATION DIVISION  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.  Branda Coffman  Agent  Title  Printed Name 2-12-92  915-684-7441  Telephone No.							aire		Choke Size	Choke Size		
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Oil CONSERVATION DIVISION  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.  Branda Coffman  Agent  Title  Printed Name 2-12-92  915-684-7441  Telephone No.	Length of Test	Tubing Pressure										
GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  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.  Bunda Agent  Printed Name 2-12-92  915-684-7441  Telephone No.	Oil - Bhis								Gas- MCF			
Actual Prod. Test - MCF/D  Length of Test  District   Prod. Test - MCF/D  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  Date Approved  District   Supervisors  District   Supervisors  Title  Printed Name 2-12-92  915-684-7441  Telephone No.	Achial Prod. During Test	Oll - Bois.	•		•	·						
Actual Prod. Test - MCF/D  Length of Test  District   Prod. Test - MCF/D  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  Date Approved  District   Supervisors  District   Supervisors  Title  Printed Name 2-12-92  915-684-7441  Telephone No.												
Testing Method (pixa, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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.  Bunda (TS)  Signature  Brenda Coffman  Printed Name 2-12-92  915-684-7441  Telephone No.		Length of	Length of Test				nsate/MMCF		Gravity of	Gravity of Condensate		
Testing Method (pilot, back pr.)  Tubing Pressure (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  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.  Bunda (T5)  Signature Brenda Coffman  Title  Printed Name 2-12-92  915-684-7441  Telephone No.	Actual Lion Look - Michigan						/Chin (a)		Choke Siz	<u> </u>		
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 Approved  By ORIGINAL SIGNED BY SEXTENS  DISTRICT I SUPERVISOR  Title  Printed Name 2-12-92  915-684-7441  Telephone No.	Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Silde-III)					
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 Approved  By ORIGINAL SIGNED BY SEXTENS  DISTRICT I SUPERVISOR  Title  Printed Name 2-12-92  915-684-7441  Telephone No.						———						
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 Approved  By ORIGINAL SIGNED BY SEXTENS  DISTRICT I SUPERVISOR  Title  Printed Name 2-12-92  915-684-7441  Telephone No.	VI. OPERATOR CERTIFI	CATE O	F COMPI	LIAN	ICE		OIL CO	NSER\	/ATION	I DIVISI	ON	
Division have been complied with and that the information gives across is true and complete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY SENTENDED  DISTRICT I SUPERVISOR  Title  Printed Name 2-12-92  915-684-7441  Telephone No.	the make and the the rules and re-	milations of the	e Oil Conserv	2000								
Bunda (75)  Signature Brenda Coffman  Agent  Title  Printed Name 2-12-92  915-684-7441  Telephone No.	District have been complied with 2	nd that the imig	OURITION RIVE	11 ECO T C	•	Dat	e Annrov	red		1531.		
Signature Brenda Coffman  Title  Printed Name 2-12-92  915-684-7441  Telephone No.	12 IUNE THE COMPLETE TO THE DEST OF IT	1 1	. /	مـــــ	\							
Signature Brenda Coffman  Title  Printed Name 2-12-92  Telephone No.	Kyonda l'z	SIMI	IN (	75		D.,	ORIGIE	ial signe	D DY Jess	F SEXTON		
Printed Name 2-12-92 915-684-7441 Title Title Title Title	Signature C	1)	-			by		DISTRICT	SIJPEKYI:	CPF		
2-12-92 915-684-7441 Telephone No.	Brenda Coffman	VV AC	gent	Title		T7+1	۵				<u> </u>	
Telephone No.	Printed Name	9.	15-684-7			.    ''''	~					
	Date		Tele	phone i	₩0.			استدن خورد				

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
- 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.