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Appropriate District Office
DISTRICT 1
2.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

Well API No.

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410

NSTRICT II '.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Condense of person   Condense
Change in Transporter of:   Change in Transporter of:   Change in Transporter of:   Change in Operator   Change in Transporter of:   Change in Transporter of:   Change of operator   Change in Transporter of:   Change of operator   Change
Condense of person   Condense
thange of operator give name
Lesse No.   State,   Colored Programmer   Colored
Well No.   Pool Name, Including Formation   State,   Color
Ocation  Unit Letter
Unit Letter 13 : 60 Feet From The FNL Line and 1980 Feet From The FEL Line Section 9 Township 245 Range 34-E, NMFM, 169 County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Iame of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  The condensate of Casinglead Gas or Dry Gas of Address (Give address to which approved copy of this form is to be sent)  The condensate of Transporter of Casinglead Gas or Dry Gas of Address (Give address to which approved copy of this form is to be sent)  The condensate of Transporter of Casinglead Gas or Dry Gas of Address (Give address to which approved copy of this form is to be sent)  The condensate of Transporter of Casinglead Gas or Dry Gas
Section 9 Township 2 + 3 Range 3 + E , NMPM, AC 9 County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Iame of Authorized Transporter of Oil Or Condensate Address (Give actoress to which approved copy of this form is to be sent)    County   Count
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Iame of Authorized Transporter of Oil
Address (Give address to which approved copy of this form is to be sent)
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well production of liquids, we location of lanks.    P
this production is commingled with that from any other lease or pool, give commingling ofder number:  // COMPLETION DATA    Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'v   Diff Res'v
Designate Type of Completion - (X)  Date Compl. Ready to Prod.  Devations (DF, RKB, RT, GR, etc.)  Total Depth  Total Depth  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  Total Depth  Tubing Depth  Enforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT
Designate Type of Completion - (X)  Tate Spudded  Date Compl. Ready to Prod.  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT
Total Depth P.B.T.D.  Intervalions (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  SACKS CEMENT
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  SACKS CEMENT
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  SACKS CEMENT
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE
IL 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.)  ate First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)
ength of Test Tubing Pressure Casing Pressure Choke Size
ctual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF
GAS WELL  ctual Prod. Test - MCF/D   Length of Test   Bbls. Condensate/MMCF   Gravity of Condensate
sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size
I. 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 shows
Division have been complied with and that the information given above
Division have been complied with and that the information given above
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 MANS BY URREY SEXTON
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 MANS BY URLEY SEXTON  Signature  TOUR JONES.
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 MANS BY URBY SEXTON  Signature  TOUR JONES  BY ORIGINAL MANS BY URBY SEXTON

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.