Submit 5 Copies
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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

I.	REQ	UEST FO			BLE AND A			N .		_	
	ering Company, Inc			Inc				ell API No. 22405 30-025- 21959			
Address 401 W. Sherida	an-Su	ite 200	W,	0klah	oma Ci	ty, Ok	lahoma	a 73102	. ,		
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator Text	Oil Casinghe	ad Gas 🔲 C	ory Ga Conder	asate		er (Please ex		, New Me	vico 8	8240	
		····	ъ -		· · · · · · · ·	720,	110003	, new me	XICO O	7240	
DESCRIPTION OF WELL AND LEASE Pool Name, Inc. MEXICO "P" FEDERAL Well No. Pool Name, Inc. ARENA				ame, Includi RENA R	A T L ()	inn		nd of Lease		ease No. 0448921-	
Location 2	10	980 _		_ N			80	 			
Unit Letter	- :	F	eet Fr	rom The	Lib	e and		Feet From The	W	Line	
Section 21 Township	, 26S	R	lange	35	E , N	МРМ,	LEA	 	· · · · · · · · ·	County	
III. DESIGNATION OF TRAN					RAL GAS						
Name of Authorized Transporter of Oil or Condensate TEXACO TRADING & TRANSPORTATION, THE					Address (Give address to which approved P.O. Box 6196, Mi			ved copy of this f lidland,	dland, Tx 79711		
Name of Authorized Transporter of Casing Natural Gas Pipelin	head Gas 1e Co	of Am	r Diy leri	Gas X	Address (Giv	e address to Box 2	which appro 83, Ho	ved copy of this fouston,	form is to be se Tx. 77(m) 001	
If well produces oil or liquids, give location of tanks.	Unit F		wр. 6	Rge. 35	Is gas actually YES	y connected?	wı I	hen ? UNKNO	WN		
if this production is commingled with that it. V. COMPLETION DATA	rom any ot	JJ_			<u> </u>	ber:					
Designate Type of Completion		Oil Well	_i_	Gas Well	New Well	Workover	Deeper	n Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	ipl. Ready to P	rod.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations					<u> </u>			Depth Casin	ng Shoe		
HOLE SIZE	T	TUBING, C			CEMENTI				SACKS CEM	ENIT	
NOCE SIZE		ISHG & TUB	1100	2125		DEPTH SE			SACKS CEM	<u> </u>	
											
/. TEST DATA AND REQUES OIL WELL (Test must be after re								4: 4-4-1	5 5 U 24 L		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		ioaa c	ou ana musi	Producing Me				jor juli 24 nou	3.)	
Length of Test	Tubing Pressure				Casing Pressu	ire		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF		
GAS WELL	1.										
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conden	sate/MMCF		Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regular Division have been approximately with each	tions of the	Oil Conservat	ion		C	OIL CO	NSER	VATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Approv	ed	OCT	OGT 1 0 1989		
Colu RBania					By DISTRICT I SUPERVISOR						
Signature John R. Barrio	os Ch	nairman	CE	EO							
10/05/89	4(<u> </u>	<u>502</u>	20	litle						

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.

Telephone No.

- 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.