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ate of New Mexico

Energy, Minerais and Natural Resources Department

Arm C-104 Revised 1-1-89 See instructions at Bottom of Page

DISTRICT I	OIL	CONSE	RVA	TION I	TZTVI	N		at Bottor	s of Page	
3.0. Drawer u.D. Anesia, NM 88210			P.O. Bo:		71 1 1510	<i>-</i>	/1	9		
DISTRICT T		Santa Fe. N	iew Me:	uco 8750	4-2038		6142	1		
DOO RIO Brazos Rd. Amed. NM 87410	-E011E0T		O144 D1	F 1115			V			
I.	REQUEST									
perator	91	RANSPOR	71 C.L.	AND NA	IUMALO		Ari No.			
ERIDIA; III TO	С.							2150.	Can	
Address						30	-023-	700.	<u> </u>	
2. 0. 30X 51810	, MIDLAND,	III	0-1610							
Reason(s) for Filing (Check proper pax) New Well				<u>:</u> .th	r il lease ext	caini				
Recompletion		e in Transporte	r oi:	To cor	rect Ga	s Gather	er from	El Paso	Naturai	
Change in Operator	Oil Casinghead Gas	= Dry Gas		ිas Co	. to Si	d Richar	dson Car	rbon à Ga	soline	
If change of operator give name	CAMBRIELE GAL	Congensal	<u> </u>	Compan	у					
and address or previous operator						·		<u>.</u>		
IL DESCRIPTION OF WELL	AND LEASE			-						
Lease Name (SSU		lo. Pool Nam				Kind	of Lease		ase No.	
Rhodes Storage L	<u>Init /</u>	 <u> </u>	es Ya	<u>tes 7-</u>	Rivers	State	rederat or Fe	13-1	131.3	
	190 ~			. /	_					
Unit Letter	1980	Feet From		<u>~</u>	and	1080	set From The	N	Line	
Section / Township	26-S	Range	37-E	λ π	ирм.	Lea			2	
					711 1V1.	· · · · · · · · · · · · · · · · · · ·			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF	OIL AND								
Transporter of Oil	or Con	densate —	-	Address (Giv	e daaress to t	vnich approve	a copy of this f	orm is to be set	u)	
Name of Authorized Transporter of Casin	omead Gas	or Dry Gar		Lddman a Civ					······································	
Sid Richardson Carbon								orm is to be sei	u i	
If Well produces ou or liquids	Unit Sec.	Twp			n Stree (connected)	r Fr I		76102	······································	
give location of tanks.	JF 16	176	37		115		NA	\mathcal{A}		
If this production is commingted with that	from any other lease	or pool, give c	Oumningin	g order num	er:			/		
IV. COMPLETION DATA	D HICHARD	GUN 64.	<u> </u>	E 0.0	3/1/	/93				
Designate Type of Completion	- (X) Oil W	/ell Gas	Weil	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res'v	
Date Spudded	Date Compi. Read	v to Prod.		otal Depth			P.B.T.D.		1	
				4 • 4				B.1.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			7	Top Oil/Cas Pay Tubing Depth					<u> </u>	
Perforations	!							······································		
							Depth Casin	ig Shoe		
	TUBIN	G. CASING	AND C	EMENTI	NG RECO	RD			· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	CASING &	TUBING SIZE			DEPTH SE			SACKS CEME	NT	
	· · · · · · · · · · · · · · · · · · ·								······································	
										
	,									
V. TEST DATA AND REQUES	T FOR ALLOV	VABLE	· · · · · · · · · · · · · · · · · · ·							
OIL WELL Test must be after n	ecovery of total volum		nd must be	eaual to or	exceed top at	lowable for th	is depth or be	for full 24 hour	5 . j	
Date First New Oil Run To Tank	te First New Oil Run To Tank Date of Test				thod (Flow, p	oump. gas iifi,	elc.j			
Length of Test	!		:							
magas or 1631	Tubing Pressure		C	asing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Vater - Bbls.			Gas- MCF	 		
	·			ARTEL - DOIR			Oas- NICE			
GAS WELL								·		
Actual Prod. Test - MCF/D	Length of Test			bla. Conden	BIE/MMCF		Gravity of C	Ondenesia		
			_				:	- Automate		
esting Method (pitot, back pr.)	Tubing Pressure (St	ud-in)		asing Pressu	re (Shut-in)		Choke Size			
				_						
VI. OPERATOR CERTIFIC.			E				471011			
I hereby certify that the rules and regula Division have been compiled with and t			- 11	(ンフロエマ	AHON	DIVISIO	N	
is true and complete to the best of my k	tions of the Oil Cons	ervation	11							
==	that the information of	iven above		_				D 0 24.20		
	that the information g mowledge and belief.	iven above		Date		ed	FE	B 07'92		
Coggi E. A	that the information g mowledge and belief.	iven above			Approve					
Signature E. A	that the information genowledge and belief.	iven above		Date By_	Approve					
Coggi E. A	that the information genowledge and belief.	iance Re	<u>-</u>	Ву	Approve Original	ed L signed e strict i sc				
Signature Connie L. Malik, Regui	that the information genowledge and belief. Latory Comp. 15-688-6891	iven above		By	Approve Origina Di	L SIGNED E	Y JERRY S JPERVISOR			

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.

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TAN UNBRS OFFICE