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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, Artesia, NM 88210

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

DISTRIC 1000 Rio	ТШ					
1000 Rio	Brazos	Rd,	Aztec,	NM	87410	

<b>I.</b>	HEQ					TURAL G					
Operator		IO IR	NIVOP	UNI UII	- VIAD IAN	I UNAL G		API No.			
PermOK Oil, Inc.							_  3	<b>00252</b> 533	39 <del>00S1</del> 1	/	
Address	22 5054	-0 202	TD 1	11 Car	land m	75043					
1550 Wynn Joyce Ro Resson(s) for Filing (Check proper bo		E 202,	נ מע	ii, Gal		net (Please expl	air)			<del></del>	
New Well	ш,	Change is	а Траваро	orter of:	~	<b></b> (					
Recompletion	Oil		Dry G		Effec	tive Apri	il 1, 19	193			
Change in Operator	Casinghe	ad Gas	Conde	amic 🗌							
f change of operator give name and address of previous operator	Inited Ga	s Sear	ch, I	inc., P	.O. Box	151, Tul	sa, OK	74101-0	151	<del></del>	
II. DESCRIPTION OF WE	LL AND LE	EASE									
Lease Name		Well No.			ing Formation			of Lease Federal or Fe	_	2006 No.	
Glenn-Ryan		30	501	ith Lec	nard Que	<del></del>			INI-1	731	
Location Unit Letter P	. 33	30	Foot Pr	rom The	South Lie	e and 99	0 <sub>Fe</sub>	et From The .	East	Line	
10	mshin 26	c		27 13			Lea			County	
Section 13 Tow	nship ∠b	5	Range	3/ E	,N	MPM,	Lea			County	
III. DESIGNATION OF TR	ANSPORTI	ER OF O	IL AN	D NATU	RAL GAS					<del> </del>	
Name of Authorized Transporter of O		or Coade			Address (Gi	e address to w	hich approved	copy of this f	orm is to be se	nt)	
None-Injection We Name of Authorized Transporter of C			or Dry	Ge 🗔	Address (Ci	ne address to wi	hich annumed	come of this fo	orm is to be se	ent)	
Name of Authorized Transporter of C	magness Cas		u Diy	<b></b>	722000 (0.						
If well produces oil or liquids, rive location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actual	y connected?	When	7			
f this production is commingled with	that from say of	ther lease or	nool eis	ve commine	ling order man	ber:			<del></del>		
V. COMPLETION DATA	ma nom any o		poor, gr								
Designate Type of Complete	ion - (X)	Oil Wel	1 (	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready t	o Prod.		Total Depth		<del></del>	P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth						
Perforations				<u></u>			Depth Casing Shoe				
	TUBING, CASING AND				CEMENTI			SACKS CEMENT			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			GRONS CEMEN		
	<del>-  </del>										
	TOTAL POR		ADVE		<u> </u>			l			
I. TEST DATA AND REQU OIL WELL (Test must be aft	EST FOR	ALLUW	ABLE of load i	oil and must	be equal to o	exceed top allo	musble for this	depth or be j	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of To		<del>,</del>	<u> </u>	Producing M	ethod (Flow, pu	mp, gas lift, e	sc.)			
						<del>_</del>		Choke Size		<del> </del>	
ength of Test	Tubing Pr	ESSUIC			Cesing Pressure						
cnual Prod. During Test Oil - Bbls.		Water - Bbls.			Gas- MCF						
			<u> ·                                   </u>		<u> </u>			<u></u>			
GAS WELL					TRUE AS A	AA//		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condonmin/MMCF						
esting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIF	ICATE O	F COM	LIAN	NCE	1	011 00:	IOED) (	ATION!	חואוכיכ	N.I	
I hereby certify that the rules and re	egulations of the	Oil Conse	rvation			OIL CON	19EHV	ATION	אפועוט	ZIN	
Division have been complied with is true and complete to the best of	and that the info	ormatica giv	en above	•		A	ااا. ب	N 0 7 19	93		
1	1,10				Date	Approve	<u> </u>				
Kodron L	2 tou				By_			HOBBS (			
Signature Rodney Ratheal	Vic	e-Pres	<u>iden</u> t		-			IGNED BY	JERRY SE	XTON	
Printed Name			Title		Title		RIGINAL :	RICT LSU	ERVISOR		
May 28, 1993	21	4-271- Tek	<u>6464</u> sphone N				.,,,				

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.