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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

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 8741	REQUI	EST FO	R AL	LOWAE	LE AND A	UTHORIZ	ZATION AS				
Operator		- 11111					Well A	.pi no.)25-2558			
Adame	estbrook						30-1				
P. O. B	ox 2264	Hobb	s, N	M 8824							
leason(s) for Filing (Check proper box			_		Othe	r (Please expla	zin)				
lew Well	Oil	Change in]	i ranspo Dry Ga	r							
Recompletion	Casinghead		Conden								
change of operator give name	Conoco, I				50 Hobl	os. NM	88240				
to realisted of provider operator			<u> </u>	DOM: 4	20 11015	201.111.	<u> </u>				
I. DESCRIPTION OF WEL		Well No.	Pool N	lame. Includi	ng Formation		Kind	of Lease		ease No.	
Lease Name Vaughn A-12		2 Langlie Ma				attix 7 Rvrs Queen- State, 1			LC-03	0467 (a	
Location							r G K)		* *		
Unit LetterD	:6	60	Feet Fr	rom The	N Line	and56	<u>U</u> Fe	et From The	<u> </u>	Line	
Section 12 Township 24S Range 36E					, NN	NMPM, Lea County					
						Ch.	ıt in				
II. DESIGNATION OF TR		or Condens	L AN	ID NATU	RAL GAS Address (Give	SIIU e address to wh	it in hich approved	copy of this f	orm is to be si	en1)	
Name of Authorized Transporter of Oi Shell Pipeline Corp	L	or concens				_					
Name of Authorized Transporter of Co	singhead Gas		or Dry	Gas	Address (Give	e address 10 wl	hich approved	copy of this f	orm is to be s	ent)	
			m	Par	Is one actually	connected?	When	?			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.		Is gas actually connected?		When :				
f this production is commingled with t	hat from any oth	er lease or p	oool, gi	ve comming	ling order numb	жг:					
V. COMPLETION DATA		_ 				Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completi	on - (X)	Oil Well	i I	Gas Well	New Well	Workovei	Deepen	l riug Daox			
Date Spudded		l. Ready to	Prod.		Total Depth			P.B.T.D.			
		to in En			Top Oil/Gas	Pav	·	Tubing Der			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Perforations								Depth Casing Shoe			
				D10 4NT	CENTENTE	NC DECOL	20				
		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE CASING 8			BING	3121							
										. <u> </u>	
								 			
V. TEST DATA AND REQ	IEST FOR A	LLOWA	ABLE	E	<u> </u>						
OIL WELL (Test must be a)	ter recovery of to	stal volume	of load	l oil and mus	t be equal to or	exceed top all	lowable for th	is depth or be	for full 24 ho	urs.)	
tate First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size			
Tonkin or row					NI Dil			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls	Water - BDIS					
								<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	nsate/MMCF		Gravity of	Condensate		
From For Tone - 1120112						Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				ure (Shut-in)		Cloke 312	-		
		- COL (T	NT TA	NCE	ار						
VI. OPERATOR CERTI	FICATE OF	Oil Conset	LIA	INCE	(OIL COI	NSERV	ATION	DIVISI	ON	
I hereby certify that the rules and Division have been complied with	and that the info	rmation giv	en abo	ve				MAI	271	989	
is true and complete to the best of	my knowledge a	and belief.			Date	e Approve	ed				
4/1/ 1/1	Thank	<i>/</i>			_		OBIGIA)	LI SIGNED	BY JERRY	SEXTON	
Signature	moge				∥ By_		CKIGNA	ISTRICT I	SUPERVISO	OR	
V. H. Westb	rook	()per: Tide	ator_	Title)					
Printed Name 3/23/89	=	393-97	714		Hitle	<i>I</i>					
Date		Tel	ephone	No.	11						

- 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.

MORRY OFFICE