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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

61875

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Azicc, NM 87410	REO	LIEST F	OR AI	LOWA	BLE AND	ΔΗΤΙ	40BI	ZATION	1			
I.					L AND NA				•			
Operator								Wel	I API No.			
Dallas McCasland									0-025	5-25	668	
Address		_	_									
c/o Oil Reports & Gas	Servic	es, Inc	2., B	ox 755							····	
Reason(s) for Filing (Check proper box) New Well		Change in	Transno	wter of:		her (Plea	se expl	ain)				
Recompletion	Oil		Dry Ga		T	rffor	+ i 170	11/1/9	۵1			
Change in Operator	Casinghe	ad Gas 🔲	Conden	_	4.	21160	CTAG	11/1/	71			
if change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name	Well No. Pool Name, Inclu							Kin	d of Lease			
State "O"		5	Sca	arborou	ıgh Yate	s-SR		Stat	e, Pederal Sappea	B-14	84	
Location												
Unit LetterC	_ :6	560	Feet Fr	om The!	North Li	ne and _	1980).	Feet From The _	West	Line	
Section 32 Townshi	p 26	5S	Range	37E	, N	МРМ,			Lea		County	
II. DESIGNATION OF TRAN	SPORTE	ER OF O	L AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)										
Koch Oil Company	Coch Oil Company					P.O. Box 2256, Wichita, KS 67201						
lame of Authorized Transporter of Casinghead Gas or Dry Gas 🔀					Address (Give address to which approved copy of this form is to be sent)							
Sid Richardson Carbon					lst Cit	y Bar	ık To	ower,	201 Main S			
If well produces oil or liquids, ive location of tanks.	Unit C	Sec. 32	Twp.	Rge. 37E	Is gas actual Yes	ly conne	cted?	Whe	n 7 ! 1/9/	77	•	
this production is commingled with that	from any oth	ier lease or j	pool, giv	e comming	ing Order num	per re	منعده	20				
V. COMPLETION DATA S	D HICH											
Designate Type of Completion	- (X)	Oil Well	Į G	ias Well	New Well	Work	over	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	<u> </u>		<u> </u>	P.B.T.D.		<u> </u>	
•]	•							F.B. 1.D.			
levations (DF, RKB, RT, GR, etc.)	ions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
Perforations	<u> </u>									···		
CHOIADON									Depth Casing	Shoe		
	Т	UBING.	CASIN	IG AND	CEMENTI	NG RE	CORI	5				
HOLE SIZE						DEPTH SET				SACKS CEMENT		
				····								
. TEST DATA AND REQUES	T FOD A	II OWA	RIF									
IL WELL (Test must be after re				il and must	be equal to on	exceed t	on alla	unhla for th	is denth or he for	full 24 haves	. 1	
Date First New Oil Run To Tank	Date of Tes		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 0.0 //00.	Producing Me					jui z+ nows	·.,	
	<u> </u>					•			•			
ength of Test	Tubing Pressure				Casing Pressure				Choke Size	Choke Size		
I D. J. D. J. M.												
ctual Prod. During Test Oil - Bbls.					Water - Bbls.				Gas- MCF			
7 A O TIPOT T	L		-						1			
GAS WELL ctual Prod. Test - MCF/D	11	F	·	· · · · · · · · · · · · · · · · · · ·	.							
cual Flot. 1681 - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
sting Method (pitor, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
A		•	-			. ,						
I. OPERATOR CERTIFICA	ATE OF	COMPI	JANO	CE					<u> </u>			
I hereby certify that the rules and regula				ا		DIL C	ON	SERV	ATION D	IVISIOI	V	
Division have been complied with and the	hat the inforr	mation given							DEC o	0 400	4	
is true and complete to the best of my lo	nowledge and	a belief.			Date	Appr	oved		DEG 0	<u> 5 199</u>	<u> </u>	
Many Hoke				İ		• •						
Signature			1		By		aul I	ned by.				
Donna Holler		Agent					Geolo	gist		1		
Printed Name 11-20-91	505-3	93-2727	ГіЦе 7		Title_							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

FOR RECORD ONLY

APR 30 1993

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.