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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

T.	7	OTRA	NSP	ORT OI	L AND NA	TURAL G					
- Charles								API No.			
United Gas Search, Inc											
c/o Oil Reports & Ga	s Servic	es, I	nc.,	P. O.				<u>,1</u>			
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: A Other (Please explain) Filed to change Well designation											
Recompletion	Company of the state of the sta										
Change in Operator	Casinghead	_	Conde	-				th Septem	oer re	ports	
If change of operator give name and address of previous operator							****				
•	ANDIEA	CIC.									
II. DESCRIPTION OF WELL Lease Name	ng Formation R - 9585 Kind o			of Lease Na							
Glenn-Ryan		Well No.			es-SR Gas 10 / (2)			Federal ex-Fee NM-7951			
Location Unit LetterF	198	:0	Cast Co	mm The	North Lin	21	.80 -		ie st	T :	
Unit Letter F : 1980 Feet From The North Line and 2180 Feet From The West Line Section 14 Township 26 S Range 37 E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 77978						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When? Yes 6/21/91										
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or p	ool, giv	e comming!							
Designate Type of Completion		Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe						
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	 										
											
V. TEST DATA AND REQUES				il and must	he equal to or	exceed ton allo	unhle foe this	denth or he for fi	ll 24 hour	e i	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressur	e	······································	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	1										
Actual Prod. Test - MCF/D	Length of Tes	și.			Bbls. Condens	ate/MMCF		Gravity of Conde	nsale		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC.	ATE OF C	OMPL	JAN	CE		II CONI	CEDVA	TION DIV	//СІО		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION						
					Date Approved						
Land Holles											
Signature					By Character and Core SEXTON						
Donna Holler Printed Name	- i	Age T	nt ide								
7/15/91	51	05-393	-272		litle_						
Date			one No								

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.

RECEIVED

JUL 1 6 1991

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