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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

United Gas Search, Ir	20							25– 2586:	L	
Address				,			374 6664	·		
c/o Oil Reports & Gas	; Servic	ces, In	nc.,	P. O. 1	Box 755,	Hobbs,	NM 8824.	L		
Reason(s) for Filing (Check proper box)			-		IX Othe	t (Piease expia	UT)			
New Well		Change in	Trans	porter of:	File	ed to ch	ange we.	ll design	ACTOU	
	Oil		Dry (		fro	n Leonar	d Brothe	rs #22		
Recompletion				ensate 🗌	to	be effec	tive wi	th Septem	ber rep	orts
Change is Operator	Catalynes									
If change of operator give name and address of previous operator									<u></u>	<del></del>
II. DESCRIPTION OF WELL	AND LEA	SE	D1	Name, Includi	na Formation		Kind o	Lesse	Le	ase No.
Lease Name		10	POOL	outh Tec	onard Que	en.		Federal water	NM-79	251
Glenn-Ryan		10	٥	outh Let	JIMIU QUE	911			144-7	7)1
Location				3.7		///			West_	L
Unit LetterE	_ :198	30	Fect	From The 1	orth Line	andOO!	Fo	et From The	West	
Section 14 Townshi	p 26 S		Rang	e 37 E	, NN	IPM,	Lea			County
CT TO A STATE OF THE	ICDADTE	D OF O	T A	ND NATTI	DAL GAS					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conden	sale	MD NATU	Vogless (CIM			copy of this for		
cck Permian Corp	(A)				P. O. E	30x 1183	Houst	n. Texas	77251-	1183
Name of Authorized Transporter of Casing	ghead Gas	(X)	or D	y Gas	Address (Giw	address to wh	ich approved	copy of this for	n is to be see	u)
El Paso Natural Gas	Compar							o, Texas	77978	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actually	connected?	When	7		
give location of tanks.	J	14	26	S   37E	Yes	<u> </u>	6/:	L7/78		
If this production is commingled with that	from any oth	er lease or	pool, į	give comming	ling order numb	er:				
IV. COMPLETION DATA	<del></del>	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res
Designate Type of Completion	- (X)		i				i			1
Date Spudded	Date Comp	pl. Ready to	Prod.		Total Depth			P.B.T.D.		
					Top Oil/Gas I	Day.		This Death		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	ormatio	oa	Top Oil/Oas I	<b>2</b> y		Tubing Depth		
Perforations	1				<u></u>			Depth Casing	Shoe	
								<u> </u>		
					CEMENTI	NG RECOR	<u> </u>		OVC OFM	-NIT
HOLE SIZE	CA:	SING & TU	JBING	SIZE		DEPTH SET		SA	CKS CEME	:NI
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	T FOR A	LLOW	ABL	F.	<u></u>					
TECT DATA AND PROLE										
V. TEST DATA AND REQUES	LECONELL OF IT	nai volume	of loa	d oil and must	be equal to or	exceed top allo	wable for thi	depih or be for	full 24 hou	3.)
OIL WELL (Test must be after t	Date of Te		of loa	d oil and must	be equal to or Producing Me	exceed top allo shod (Flow, pu	owable for thi ump, gas lift, e	e depth or be for sic.)	full 24 how	·s.)
V. TEST DATA AND REQUES OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Te	<b>a</b>	of loa	d oil and must	Producing Me	unoa (riow, pi	owable for thi unp, gas lift, e	ic.)	full 24 how	·s.)
OIL WELL (Test must be after t		<b>a</b>	of loa	d oil and must	Producing Me	unoa (riow, pi	owable for this ump, gas lift, e	Choke Size	full 24 how	·s.)
OIL WELL (Test must be after n  Date First New Oil Run To Tank	Date of Te	ssure	of loa	d oil and must	Producing Me	re	owable for thi unp, gas lift, e	ic.)	full 24 how	·s.)
OIL WELL (Test must be after to Date First New Oil Run To Tank  Length of Test	Date of Te	ssure	of loa	d oil and must	Casing Pressu	re	owable for thi unp, gas lift, e	Choke Size	full 24 how	s.)
OIL WELL (Test must be after no Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL	Date of Te. Tubing Pre Oil - Bbls.	s sure	of loa	d oil and must	Casing Pressu Water - Bbls.	noo ( <i>riow, pi</i>	owable for thi imp, gas lift, e	Choke Size  Gas- MCF		s.)
OIL WELL (Test must be after no Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test	Date of Te	s sure	of loa	d oil and must	Casing Pressu	noo ( <i>riow, pi</i>	owable for thi ump, gas lift, e	Choke Size		·s.)
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OIL WELL (Test must be after no Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL	Date of Te.  Tubing Pre  Oil - Bbls.	s sure	of loa	d oil and must	Casing Pressu Water - Bbls. Bbls. Conden	re tate/MMCF	owable for thi ump, gas lift, e	Choke Size  Gas- MCF  Gravity of Cod		s.)
OIL WELL (Test must be after to Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)	Date of Tell Tubing Pre Oil - Bbls.  Length of Tubing Pre	st  Sessire  Test  Essure (Shut	of loa	d oil and must	Producing Me Casing Pressu Water - Bbls. Bbls. Conden Casing Pressu	re sate/MMCF	тр, gas цц., <b>«</b>	Choke Size  Gas- MCF  Gravity of Col	ndensate	
OIL WELL (Test must be after to Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFIC	Date of Te.  Tubing Pre  Oil - Bbls.  Length of Tubing Pre	st restile (Shut	of loa	NCE	Producing Me Casing Pressu Water - Bbls. Bbls. Conden Casing Pressu	re sate/MMCF	тр, gas цц., <b>«</b>	Choke Size  Gas- MCF  Gravity of Cod	ndensate	
OIL WELL (Test must be after to Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFIC	Date of Te.  Tubing Pre  Oil - Bbls.  Length of Tubing Pre	Test COMP	-in)	NCE	Producing Me Casing Pressu Water - Bbls. Bbls. Conden Casing Pressu	re sate/MMCF	тр, gas цц., <b>«</b>	Choke Size  Gas- MCF  Gravity of Cod  Choke Size	ndensate NVISIC	DN .
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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.

**TUL 1** 6 1991

oca Hosbs office