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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT				
1000 Rio E	Brazos F	Rd., Aztec	, NM	87410

REQUEST FOR ALLOWARI E AND AUTHORIZATION

			SPORT OIL		THEALGA	10				
• Operator		U IHANS	SCURT UII	L AND INA	TURAL GA	Nell A	Pl No.	 		
National Ener	av Gron	ip. The	! .					25-277	54	
Address						l.		··		
4925 Greenvil	le Ave.	, Suit	e 1400,	Dallas	, Texas	75206	<u>, </u>			
Reason(s) for Filing (Check proper box)					et (Please expla					
New Well	,	Change in Tra								
Recompletion	Oil	⊠ Dr								
Change in Operator	Casinghead	Gas Co	ondensate							
f change of operator give name										
and address of previous operator										
IL DESCRIPTION OF WELL	L AND LEA	SE				T	<u> </u>		ase No.	
Lease Name	1	_	ol Name, includ	-			of Lease Federal of Fe¢	1		
Exxon 'A' Feder	:a⊥	1	ропрте	X Dela	aware	177	777	INIMZ	9694	
Location	221	1	7.7	or+h	16	50	1	West	• •	
Unit LetterC	:33() Fe	set From The $\frac{N}{2}$	Of the Lin	e and	50 Fe	et From The	West	Line	
a 22 m	1: 21 C	ուլ+h թ.	ange 32 Ea	gt N	мрм,		Lea		County	
Section 23 Towns	hip 24 SC	outh K	inge 32 Ea	SL N	MPM,		шеа		County	
III. DESIGNATION OF TRA	NSPODTE	R OF OII	AND NATI	IRAL GAS						
Name of Authorized Transporter of Oil	MOLOKIE	or Condensate		Address (Gi	ve address to wi	hich approved	copy of this fo	rm is to be se	nt)	
Pride Pipeline C	LAJ				Box 243					
Name of Authorized Transporter of Cas		or	Dry Gas		ve address to wi					
GPM Cas Corp.	g									
If well produces oil or liquids,	Unit	Sec. Tv	wp. Rge	. Is gas actual	ly connected?	When	?			
give location of tanks.	ici	I .	4S 32E	Ye			April	1982		
If this production is commingled with th	at from any oth			gling order mun	nber:					
IV. COMPLETION DATA	-	_								
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	J			1		ļI		<u> </u>	
Date Spudded	Date Comp	l. Ready to Pr	rod.	Total Depth			P.B.T.D.			
							ļ			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Form	ation	Top Oil/Gas	ray		Tubing Dept	h		
							Darth Caria	r Choe		
Perforations							Depth Casing	ROINE		
			. on	CIPS COST	NIC PECCE	<u> </u>	I	 		
		TUBING, CASING AND		CEMENT				BACKS CENTENT		
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET		+	SACKS CEMENT		
				-			 			
							 			
V. TEST DATA AND REQU	EST FOD A	TIOWAR	RIF		······································		<u> </u>			
V. TEST DATA AND REQU OIL WELL (Test must be afte	EXIL FUR A	eal values of	رحب load oil and mu	st be equal to a	or exceed top all	lowable for th	is depth or be f	for full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Tes			Producing N	Aethod (Flow, p	ump, gas lift,	etc.)			
Date First New Oil Rull 10 12mx	Date of 1es	34.			, .,					
Length of Test	Tubing Pre	SEUTE		Casing Pres	sure		Choke Size			
and a same	aoing i io									
Actual Prod. During Test	Oil - Bbls.			Water - Bbl	š.		Gas- MCF			
	J 2016.									
CACNELL										
GAS WELL Actual Prod. Test - MCF/D	Length of	Test		Bhis, Cond	ensate/MMCF		Gravity of C	Condensate		
ACUEL PTOD. 1 CR - MCP/D	Length of	1 001		2013. COM			,			
Testing Method (pitot, back pr.)	Tuhing Pri	Tubing Pressure (Shut-in)		Casing Pres	Casing Pressure (Shut-in)		Choke Size			
reading resented (puot, back pr.)	, roomg rie	(oc. oc. 11	•		, -,					
THE OPEN A TOP COLOR		COLOR	TANCE							
VI. OPERATOR CERTIF					OIL COI	NSERV	ATION	DIVISION	NC	
I hereby certify that the rules and re Division have been complied with a	gulations of the	Uil Conserval	uon above		J J.,					
Division have been compiled with a is true and complete to the best of r	ny knowledze z ma mar me mioi	nd belief.		n=	e Approve	nd	111-11-1	3		
A	1 1 -	. /			e Approve	ea	4,5 4, 4,5 - 3	·-		
James A.	J	, the				O!	3 1			
Signature	· YM			By.		ng. Signe Paul Kau	I DV			
Isaac S. Sm:	ith, Pro			je ‡	•	Geologia	wg. A			
Printed Name		Т	litle	Titl	e	MANINE E	=; 			
12-8-92	21	4-692-9								
Date		Teleph	none 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.