ibmit 5 Copies
percentate District Office
ISTRICT I
O. Box 1980, Hubbs, NM 88240

perator

## State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Review 1-1-89 See instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

STRICT III 00 Rio Brazos Rd., Azzec, NM 87410

ISTRICT II O. Drawer DD, Artenia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION	
TO TRANSPORT OIL AND NATURAL GAS	
Well API N	No.

odress	y or ca	liforr	nia					50 - Dr	25-28	Till H	
P. O. Box 671 - 1	Midland	. TX 7	79702						<u> </u>	<del></del>	
esson(s) for Filing (Check proper pox)						Other (Please ex			<del></del>		
rw Well		Change	ia Transpi	orter of:	_ `	AUGU IF IEUSE ELL	otaun)				
ecompletion X	Oil		Dry G								
nange in Operator	Cannghe	ad Gaz [	Conde	me X		Effective	e 8 <b>-14-9</b> 1	1			
thange of operator give name is address of previous operator					<del></del>						
-	4500 5 22						<del></del>			<del></del> -	
DESCRIPTION OF WELL	AND LE		10. 11.								
Red Hills Unit		. 3			ding Formatio			of Lease	l	Lease No.	
xatios		<u> </u>	Ke	d HIII	s (Penn	.)	State	Federal or Fe	× NM-0]	160973	
Unit Letter K	. 19	980	E	T		21	.80 -				
_			rea m	om the _	south :	ine and	F	eet From The	west	Line	
Section 5 Townshi	<sub>ip</sub> 26S	· · · · · · · · · · · · · · · · · · ·	Range	33E		NMPM,	Lea			2	
DESIGNATION OF TO A	ICD C D									County	
DESIGNATION OF TRAN	SPORTE	OF Conde	DIL AN	D NATI	RAL GA	<u>S</u>					
Koch Oil Co.	لـــا	or cond		$\boxtimes$	Address (G	ive address to w	vnich approved	copy of this	orm is to be s	ert)	
me of Authorized Transporter of Casin	ghead Gas		or Dry	Gas X	P. O.	Box 1200	- Hobbs	, New M	exico 88	324.1	
Sid Richarson Carbon	& Gas (	∞. <i>[i</i> ]		乙角		ive address to w	et a 20	COPY of this	OTTH US 10 DE 8	and)	
Meli produces oil or liquids, 1 location of tanks.	Unit	Sec.	Twp		ile sas acom	Lity connected?	Sce. 30	00 - FT	. Worth,	TX 76102	
	K	5	126s	335	Va	_	***	-	-14-91		
is production is commissied with that COMPLETION DATA	from any oth	er jenne o	r pool, giv	e comming	ing order su	mber:			-14-71	<del></del>	
COMPLETION DATA					<u></u>					MI	
Designate Type of Completion	- (X)	Oil Wel	и јс	ias Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
le Spudded	Date Comp	d Resdu	o Prod	×	Total Dept		1	X	İ		
<u>4-5-83</u>				_91		L7,597'		P.B.T.D.			
vanons (DF, RKB, RT, GR, etc.)	Recompleted 7-31-91  Name of Producing Formation				Top Oil/Gas Pay			16,240'			
3349 GR	Penn.				14,528'			Tubing Depth 14,461'			
								Depth Casin			
14,528' - 14,545'					·				<b>6</b>	; ;	
HOLE SIZE	T	UBING.	CASIN	<u>ig and</u>	CEMENT	ING RECOR	Ð				
26"	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
17 1/2"	13 3/8"			826'			1450				
12 1/4"		9 5/8"			4877'			5500			
					Tinose	13,000'	10.505		1350		
TEST DATA AND REQUES	T FOR A	LLOW	ABLE		Liners:			<u>to 16, 17, 17, 17, 17, 17, 17, 17, 17, 17, 17</u>	<u>.986'</u>	650 sxs	
VELL (Test must be after re	covery of tol	al volume	of load of	il and must	be equal to a	7 5/8"	Surf	to 12,68	354,124	180 sxs 200 sxs	
e First New Oil Run To Tank	Date of Tes	t		<u> </u>	Producing N	lethod (Flow, pa	omp, gas lift, el	C.)	OF THE 24 HOLE	73.7	
gth of Test								,			
Tubing Pressure					Casing Pressure			Choke Size			
ual Prod. During Test Oil - Bbis.					Water - Bbis		Gas- MCF				
	- DOIA.	ON - Buls.				water - Boil					
S WELL			<del></del>		<del></del>						
ial Prod. Test - MCF/D	Length of T	esi			Phis Conde	10 (OF					
AOF - 1579	3.5 hrs			Bbia. Condensate/MMCF			Gravity of Condensate				
ng Method (puot. back pr.)				Casino Para Voti				50.8°			
Back pr.	8600				0			4-10/64			
OPERATOR CERTIFICA	ATE OF	COMP	LIANO	Œ							
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division have been compiled with and the complete to the best of my kn	M the inform	TOTOG ASSES	above	į						•	
		oelei.			Date	Approved	d _				
_ Charlotte 4.	500 /	00	ر			, p. 500					
ignature	<del>seco</del>	$\frac{v}{v}$	<del></del>	i	By						
Charlotte Beeson	Drlo	. Cle	rk		,						
8-20-91	/ Q1 F	5)682-	Tille 0721		Title						
ate	( )15		9/31 2000e No.					<del></del>		<del></del>	
					1						

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
- 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.