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- brat S Copies	State of New Mexico Energy, Minerals and Natural Resources Department						Form C. Revised		
ppropriate District Office STRICT I D. Box 1980, Hobbs, NM 88240						See Instructions at Bottom of Page			
ISTRICT II O. Drawer DD, Antesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088								
ISTRICT III 200 Rio Brazos Rd., Azlec, NM 87410	REQUEST FO			•					
	TO TRAN	ISPORT OIL	AND NAT	URAL GA	S Well A	PI No.			
Royalty Holding	g Co.						5-287	53	
4428 West gate reserve(s) for Filing (Check proper box)	Rd, Suite	2100A	OKła	. Cita	, OK	73	162		
iew Well		ransporter of: Dry Gas							
Thange is Operator		Condensate	P.O.F	BAY GI	Gim	han	TK 76	046	
ad address of previous operator <u>LEO</u>	<u>h Manager</u>	nerit co	+	10 2 21	- / Club			v-rp-	
I. DESCRIPTION OF WELL A Federal 'CG'	Vell No. 1 2.2	Double		ware	Kind of State	ederal or Fee	1	1 Na. 06226	
Location	.1980	Feet From The	lorthum	and 19	80_ F=	t From The _	West	Line	
Section 22 Township	210	Range 32		лрм,	L	ea		County	
II. DESIGNATION OF TRANS	SPORTER OF OU	L AND NATU	RAL GAS					<u> </u>	
Name of Authonized Transporter of Oil Enron Oil Trading	or Coadeas		Address (Gin	e address to whi BOL 118		copy of this fo GSTON	TV 7-	1251	
Name of Authorized Transporter of Cashe	AL OF HEIGHT OU	Fibry Cas		e address 10 wh			em u so be se	n/)	
Phillips 66 (no W well produces oil or liquids, give location of tanks.	<b>Unit</b> Sec. 129	3 Tup.   Rge	. Is gas actually	y connected?	When	7			
f this production is commingled with that f V. CONIPLETION DATA	from any other lease or p	iool, give commit;	gling order num	ber:		·····		<u> </u>	
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	Date Compl. Ready to	Prod	Total Depth	J	<u>.</u>	P.B.T.D.		<u>    l                                </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	rmatice	Top Oil/Gas	Pay		Tubing Dept	h		
Performions				- <u></u>		Depth Casin	g Shoe		
· · · · · · · · · · · · · · · · · · ·	TUBING,	CASING AN	CEMENTI	NG RECOR	D	<u></u>			
HOLE SIZE	CASING & TL			DEPTH SET		<u>-</u>	SACKS CEM	ENT	
· ·									
V. TEST DATA AND REQUES	ST FOR ALLOW	ABLE of load oil and mi	us be equal to a	r exceed top all	owable for thi	s depth or be	for full 24 ho	<b>~</b> 3.)	
Date Firm New Oil Run To Tank	Date of Test		Producing M	lethod (Flow, p	ump, gas lýt, i	NC.)			
Length of Test	Tubing Pressure		Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbl	Water - Bbla.			Gas- MCF		
GAS WELL			Bble Conde			Gravity of	Condensale		
Actual Prod. Test - MCF/D	Length of Test			Bbis. Cosdensain/MMCF			Choke Size		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)					
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and it times and complete to the inst of my	ulations of the Oil Conse d that the information give	rvatica	i	OIL CO		ATION	DIVISI		
I hereby certify that the rules and regu	ulations of the Oil Conse d that the information give	rvatica	Dat		ad	MAY	DIVISI		
I hereby certify that the rules and regu Division have been complied with and is true and complete to the vest of my Signature	ulations of the Oil Conse d that the information gi y knowledge and belief.	rvatica	i		ad	MAY	DIVISI		
I hereby certify that the rules and regu Division have been complied with and is truit and complete to the test of my Complete to the test of my	ulations of the Oil Conse d that the information gives the second second second second the second second second second second the second secon	rvatica ves above Title	Dat By		ed Drig. Si Parl ( Second	MAY	DIVISI		

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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filled for each pool in multiply completed wells.

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