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., Aztec, NM 87410

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

•						AUTHORI					
I. Operator		TO TRA	ANSP	ORT OIL	_ AND NA	TURAL G		API No.		·· ···································	
Dusty Mac Resources, Inc.						3002529808					
475 17th Street Reason(s) for Filing (Check proper box)	, Sui	te 82	0, 1	Denver		rado 8 er (Please expla		000			
New Well		Change in	Transp	orter of:		кі (Гівазе вхри	aur)				
Recompletion	Oil		Dry G								
Change in Operator	Casinghe		Conde								
If change of operator give name and address of previous operator	Tom B	rown,	Inc	c., Po	st Off	ice Box	2608,	Midland	l, Tx	. 79702	
II. DESCRIPTION OF WELL	AND LE		T=				T '-			 	
ase Name Madera Federal "25" Well No. Pool Name, Included the Pool Name Po				<u> </u>			of Lease Lease No. Foderal of Fee NM 65441				
Location		L	1				<u> </u>	ederai	IIII (77441	
Unit Letter	_ :19	80	_ Feet F	from The S	outh Lin	e and	80F	et From The	ast	Line	
Section 25 Townshi	<u>p 26-</u>	<u>s</u>	Range	34-E	, N	мрм,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU				·····			
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
ame of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					ent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When			?		· .	
If this production is commingled with that IV. COMPLETION DATA	from any oth	ner lease or	pool, gi	ive comming	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me 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					<u></u>			Depth Casing Shoe			
TUBING, CASING AND					CEMENTI	NG RECOR	.D	1			
HOLE SIZE						DEPTH SET			SACKS CEMENT		
A.C	<u> </u>										
V. TEST DATA AND REQUES	T FOR A	LLOW	ARLE								
OIL WELL (Test must be after r					be equal to or	exceed top allo	owable for thi	s depth or be for j	full 24 hou	rs.)	
Date First New Oil Run To Tank					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				NCE	(ISFRV	ATION DI	VISIC		
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 AUG 12 1993						
m O. linger					Date Approved						
Signature M. D. Rogers Agent					By DISTRICT SUPERVISOR						
Printed Name $8-9-93$ (Date	(915)		Title 029	No.	Title	 		· · · · · · · · · · · · · · · · · · ·		**	

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.

Telephone No.

- 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.