Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Departi.t

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 III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Tubing production is comminaging with that from any other lease or pool, give comminaging order number: IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Date Spadded Date Compl. Ready to Prod. Total Depth P.B.T.D. Designate Type of Completion - (X) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE II. WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours;) Tubing Pressure Casing Pressure Choke Size Tubing Pressure Choke Size Choke Size II. Well Water - Bbls. Gas - MCF AS WELL Longth of Test - MCPD Length of Test Designature Length of Test Oil - Bbls. Oil - Bbls. Oil - Bbls. Oil - Consensate Oil - Consen	Operator		10 15	IANS	PORT	JIL AND N	ATURAL (
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1-15-93 915/685-5600 Title	P. N. McGee, Attorney-in-Fact										
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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.

RECEIVED

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