District I PO ox, 1944, 21 District II	obbs, NM 88	241-1980		State of New Mexico nergy, Minerals & Natural Resources Department						Form C-104 Revised February 10, 1994 Instructions on back			
O Drawer DD, District III 1000 Rie Braze			0	OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088					Submit to Appropriate District Office 5 Copies				
District IV PO Box 2088, S				, 									
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
ŕ	ermok	CII J	Inc.	Swite 3	540				26316				
	1050 P	ennsyl	, mo	mo 64111					' Resson for Filing Code				
									NW				
'API Number 30-025-32798			f-111	s/7 Rivers)(C			ر (الار) (ک ری) (کرد)						
' Property Code				erty Name			'Well Number						
II. ¹⁰ Surface Location			hers H			74:2							
II. 10 Ul or lot mo.	Surrace	Township		Lot.Idn	Feet from th	e	North/Sou	th Line	Feet from the	East/West line	e County		
D	23	265	5 37E		660'		Nort	h	660'	West	Lea		
	Bottom			on						T			
UL or lot no	. Section	Townshi	p Range	Lot Idn	Feet from t	he	North/So	uth line	Feet from the	East/West iin	e County		
¹² Lae Code	¹³ Produc	ing Method	Code ¹⁴ Gas 2	Connection Dat	Le ¹⁴ C-12	9 Perm	it Number		* C-129 Effective	Date 17	C-129 Expiration Date		
	and Gas	Transpo		· · · · · · · · · · · · · · · · · · ·		11 100	~	²¹ O/G		" POD ULSTR	*		
" Transp OGRI			" Transporter and Addre			" PO	U.			and Descrip			
2080	29	Sid. P	lichards	0N	28		158	G					
•		-											
<u>Enited and</u>		<u> </u>	<u></u>	<u></u>									
										<u></u>			
		T = 4 = 12											
IV. Pro	" POD	ater			24	POD U	LSTR Loca	tion and	Description				
V. Well		etion Da											
1	Spud Date		1 1	²⁴ Ready Date Z 8 95		"™ 3428		* №10 3290'		" Perforations 28- ماما			
	1 (20 (9.5 "Hole Size			" Casing & Tubing Size				² Depth 3					
12	12 4 "			85/8			5	82,	320 sxs 'C'		sks 'C'		
77/8"		41/2"			3425'			600 SXS 'c'					
				238"			28	3Lolo"					
VI. We	ll Test I) o to					.. .						
	e New Oil		as Delivery Date	- ×1	Fest Date		" Test L	ength	* Tbg.	Pressure	" Cag. Pressure		
•	-		2/11/95		2/11/95		24 hr		80°		100°		
" Choke Size			" oil " "		Water	• Gas 320			" лоғ 320		" Test Method F		
" I hereby o	ertify that the		Oil Conservation								JISTON		
3	with and that the information given above is that and complete to the best of my knowledge and belief. Signature:						OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR						
Printed nam	Printed some: David A. Vettri							Tide:					
Title: Conscilting Engineer							Approval Date: AFR 1 1995						
Date: (28 9		Phone:		1-9598								
" If this is	a change of	operator fill	in the OGRID :	Number and not	ne of the prev	ious ep	erator						
	Previou	a Operator	Signature			Pri	nted Name	•••		Title-	Date		
	• • • • • • • • • • • • • • • • • • •					all a second and a							

New Mexico Oil Conservation Division C-104 Instructions

		MENDED REPORT, CHECK THE BOX LABLED AT" AT THE TOP OF THIS DOCUMENT	22.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.)			
		mes at 15.025 PSIA at 60°. The nearest whole barrel.	23.	The POD number of the storage from which water is mover from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.			
accompa	t for allow nied by a ce with R	vable for a newly drilled or deepened well must be a tabulation of the deviation tests conducted in ule 111.					
		form must be filled out for allowable requests on ted wells.	24.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POC (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)			
changes	or operat	ns Î, Î, ÎI, ÎV, and the operator certifications for or, property name, well number, transporter, or	25.	MO/DA/YR drilling commenced			
	in change		26.	MO/DA/YR this completion was ready to produce			
A separa completio		4 must be filed for each pool in a multiple	27.	Total vertical depth of the well			
		out or incomplete forms may be returned to	28.	Plugback vertical depth			
1.	unappro Operator	's name and address	29.	Top and bottom perforation in this completion or casin shoe and TD if openhole			
2.		's OGRID number. If you do not have one it will a sed and filled in by the District office,	30.	Inside diameter of the well bore			
2		••••••••••••••••••••••••••••••••••••••	31.	Outside diameter of the casing and tubing			
N	NW RC	for filing code from the following table: New Well Recompletion	32.	Depth of casing and tubing. If a casing liner show top an bottom.			
	CH AO	Change of Operator Add oil/condensate transporter	33.	Number of sacks of cement used per casing string			
	CO	Change oil/condensate transporter					
	AG CG	Add gas transporter Change gas transporter		owing test data is for an oil well it must be from a tes ad only after the total volume of load oil is recovered.			
	RT	Request for test allowable (include volume requested)	34.	MO/DA/YR that new oil was first produced			
	If for an	y other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a pipeline			
4.	The API	number of this well		-			
5.	The nan	e of the pool for this completion	36.	MO/DA/YR that the following test was completed			
6.	The poo	i code for this pool	37.	Length in hours of the test			
7.	The pro	perty code for this completion	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells			
8.	-	perty name (well name) for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells			
9.	The we	I number for this completion	40				
10.	The su	face location of this completion NOTE: If the	40.	Diameter of the choke used in the test			
	United 1	States government survey designates a Lot Number location use that number in the 'UL or lot no.' box.	41.	Barrels of oil produced during the test			
		se use the OCD unit letter.	42.	Barrels of water produced during the test			
11.	The bot	tom hole location of this completion	43.	MCF of gas produced during the test			
12.		ode from the following table:	44.	Gas well calculated absolute open flow in MCF/D			
	r S P	Federal State	45.	The method used to test the well:			
	P J	Fee Jicarilla		F Flowing P Pumping			
	Ň	Navajo Ute Mountain Ute		S Swabbing			
	ĭ	Other Indian Tribe	.e	If other method please write it in.			
13.	The pro F P	ducing method code from the following table: Flowing Pumping or other artificial lift	46.	The signature, printed name, and title of the perse authorized to make this report, the date this report we signed, and the telephone number to call for question about this report			
14.	MO/DA/YR that this completion was first connected to a gas transporter The permit number from the District approved C-129 for this completion		47.	The previous operator's name, the signature, printed nam and title of the previous operator's representation authorized to verify that the previous operator no long operates this completion, and the date this report w signed by that person			
15.							
16.	MO/DA	YR of the C-129 approval for this completion					

с. «С.,

The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. Product code from the following table: O Oil G Gas

· · ·

MO/DA/YR of the expiration of C-129 approval for this completion

Name and address of the transporter of the product

·

The gas or oil transporter's OGRID number

21.

•

17.

18.

19.

20.

AUG 2 8 1885 SHELH HUBBS OFFICE