Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Boz. 1980, Hobbs, NM 88240

State of New Mexico

Form C-104
Revised 1-1-89
See Instructions
at Rottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRAI	NSPC	RT OIL	AND NA	TURAL GA					
2 ·······								PI No. 025 08209 : 합기			
Address								22 00203		11/2	
P. O. Box 730 Hobbs, Nev	w Mexico	88240	-2528								
Reason(s) for Filing (Check proper box)	-		_			et (Please expla			•		
New Well											
Recompletion	Casinghead	_	Condens								
If change of operator give name Toyago Inc. D. O. Poy 730. Uphno Now Moving 99340 3539											
and actions of heaviers of the same of the											
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includin						a Formation Kind			of Lease No.		
COTTON DRAW UNIT	31 PADUCA DELA				Sta			Federal or Fee 145870			
Location											
Unit Letter C: 660 Feet From The NORTH Line and 1980 Feet From The WEST								Line			
Section 21 Township 25S Range 32E , NMPM, LEA									County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
No. of Authorized Transporter of City of Condenses and Address (Give address to which appropried comp of this form is to be sent)											
Texas New Mexico Pipeline Co.						1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips 66 Natural Gas Co.					Address (Give address to which approved copy of this form is to be sent) 990G Plaza Office Bldg. Bartlesville, Oklahoma 74004						
If well produces oil or liquids, give location of tanks.	Unit S	21	Twp. 25S	Rge. 32E	is gas actual	y connected? YES	When		7/62		
If this production is commingled with that	from any other	lease or p	ool, give	comming	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion		<u></u>			Total Doorb	<u> </u>	<u>i</u>			1	
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	·			
HOLE SIZE					DEPTH SET			SACKS CEMENT			
							 			····	
	 										
	 										
V. TEST DATA AND REQUES	ST FOR AI	LOWA	BLE		_				e 11 04 t	\	
						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Date Like Leen Oil King 10 1 aug	Run To Tank Date of Test Producing Method (Flow, pump, gas 191, etc.)										
Length of Test	Tubing Press	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
Method Lion During Low	Oil - Bois.										
GAS WELL						- 					
Actual Prod. Test - MCF/D Length of Test						nsate/MMCF		Gravity of Con	densate		
	70than Description (a)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Mina-m)						
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE			ICEDY	ATION D	\/ © <u> </u>	NNI	
I hereby certify that the rules and regulations of the Oil Conservation					P 8 3			ATION D		NN N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					1	IN O 3.1	991	JUNO 5	1991		
1					Date	J 7 (pp. 0 1 0	•				
2.M. Miller					By Eddie W Seay Oil & Gas Inspector						
K. M. Miller Div. Opers. Engr.					[[Oil	& Gas	Inspector			
May 2, 1991		915–6	88-48		Inte)				<u>.</u>	
D.4.		Talas	hose N	n .	11						

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

MAY 2 3 1991

OSO HOBBS OFFICE