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

State of New Mexico gy, Minerals and Natural Resources Departm.

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

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

Santa Fe, New Mexico 87504-2088

I.		OR ALLOWA ANSPORT OI							
Operator FUIC FAMILIAGE	FENERLY CURPORNITION				Well	Well API No. 30-025-09718			
Address P. U. Box 324	30.023 0 1118						_		
Reason(s) for Filing (Check proper box)	10 Mipe	IFIUD TE	Oth Oth	79782 et (Please expla	zin)				_
New Well		Transporter of:			•				
Recompletion	Oil Casinghead Gas	Dry Gas Condensate							
If change of operator give name and address of previous operator		,				· · · · · · · · · · · · · · · · · · ·			_
II. DESCRIPTION OF WELL	AND LEASE	- 1/4	·		· · · · · · · · · · · · · · · · · · ·		·		
Lease Name Wells 3-1		Pool Name, Includ		:- 21		of Lease		ease No.	_
Location 15 15 1	1	Jalmit	YHTES	TRI	KYS State	Pederal or Fee	Leo	325 52B	<u>></u>
Unit Letter	: 660	Feet From The	N Line	e and	60 F	eet From The	E	Line	
Section / Townshi	ip 255	Range 3	GE , NI	мрм,	L-	ودو	V-1	County	
III. DESIGNATION OF TRAN									
Name of Authorized Transporter of Oil or Condensate ENRON Oil Madria Inap			Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)						-
If well produces oil or liquids,	Unit Sec.	Twp. Rge.							
give location of tanks.	CD 1	1255 364		405	Wher	7/3/5	5 7		
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ling order numb	жг: 					_
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	_
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.		1	_
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay Tubing Depth					_		
Perforations						Depth Casing Shoe			
	TUBING,	CASING AND	CEMENTIN	IG RECORT	<u> </u>	-		<u></u>	_
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR ALLOWA	BLE				<u> </u>			
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test			t be equal to or exceed top allowable for this depth or be for full 24 hours.)						
Date First New Oil Run 10 lank	Date of Test	Producing Met	thod (Flow, pun	rıp, gas lift, e	c.)				
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL			<u> </u>			1			ڶ
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF COMPI	LIANCE				<u> </u>			
I hereby certify that the rules and regulat Division have been complied with and the	tions of the Oil Conservation gives	ation	0	IL CONS	SERVA	ATION DI AUG U	VISIOI	N	
is true and complete to the best of my kr	nowledge and belief.			Approved		.,,,,,			
Wenich Kos									
Signatur DAVID ROSE	By ORIGINAL SIGNED BY JERRY SEXTON								
Printed Name/ 8/3/97	Title								
Date		Title 6939			- 				-

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.