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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd. Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I.						UTHORIZ					
Operator		IO IHA	NSPO	HIOIL	AND NA	URAL GA		PI No.			
1 2								025-09723			
Address							150	05/2	<u>-</u>		
2401 Fountain View Dr.	., Suit	e 700,	Hous	ton, T	X 77057	,					
Reason(s) for Filing (Check proper box)				<del></del>	Othe	t (Please expla	in)			<del></del>	
New Well		Change in		er of:							
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghea	d Gas X	Condens	ate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name	ease Name Well No. Pool Name, Including Formation						Kind of Lease No.				
Arnott Ramsay "A" 1			Jalmat T-Y-SR				State,	State, Protention Ret B-229		9	
Location										· · · · · · · · · · · · · · · · · · ·	
Unit LetterC	: 66	50	Feet From	m The No	orth Line	and1980	<u>)</u> Fe	et From The _	West	Line	
Section 2 Township	258	5	Range	36E	, NN	ирм,	Lea			County	
III. DESIGNATION OF TRAN	CDADTE	D OF O	T AND	NATI	DAT CAS						
Name of Authorized Transporter of Oil		or Conden				address to wh	ich approved	copy of this fo	orm is to be s	ent)	
Texaco Trading & Trans	ىما portati	on Inc	L		P.O. Box 5568, Denver, CO 80217						
Name of Authorized Transporter of Casing	as asi	Address (Give address to which approved copy of this form is to be sent)									
Sid Richardson Carbon	Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas (Sid Richardson Carbon & Gasoline Co.					201 Main Street, Fort Worth, TX 76102					
If well produces oil or liquids, give location of tanks.	Unit	Sec	Sec. Twp. Rge.			is gas actually connected? When 1			?		
<u> </u>	C	2	25S	L	Yes		9/	14/54			
If this production is commingled with that f  IV. COMPLETION DATA	from any oth	er lease or p	pool, give	commingi	ing order numb	er		<del></del>	-		
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Well	Workover	<b>Deepen</b>	Piug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.			
Elemeticas /DE BKB DT CD -1-1	DVD DT CD (to)				Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.)	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation				TOP OID ORD TRY			Tubing Depth			
Perforations								Depth Casin	g Shoe		
	т	UBING.	CASIN	G AND	CEMENTIN	NG RECOR	D	<u>l</u>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			T 9	SACKS CEMENT		
TO THE PROPERTY OF THE PROPERT	TO FOR :	T T OTT									
V. TEST DATA AND REQUES OIL WELL (Test must be after re				l and	he amuni to	avasad tan alla	wahla fan 16	e denth on he	for full 24 k =:		
Date First New Oil Run To Tank	Date of Te		oj ivaa ol	ana musi		exceed top allo shod (Flow, pu		<del></del>	or just 24 not	vs./	
			•			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				

# O A O TYPOY I

Actual Prod. During Test

GAS WELL									
Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate							
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							

Water - Bbls.

## VI. OPERATOR CERTIFICATE OF COMPLIANCE

Oil - Bbls.

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.

Signature Theresa Overturf Engineering Technician Printed Name Title

10/31/91

Telephone No.

## OIL CONSERVATION DIVISION

Gas- MCF

10V 07 20 Date Approved Orig. Signed by Paul Kautz By\_ Geologist 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.
- 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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