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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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

63496

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator			<del>13. 3.</del>	011	- 110 117	· OI IAL G		A DI AT-			
Sidney Lanier							į.	API No.	750		
Address							30	30-025-09752			
c/o Oil Reports & Gas	Service	g Inc	Pos	755	Hobba	NIM OOO	41				
Reason(s) for Filing (Check proper box)	PerArce	o, IIIC	, bux	. 133		NM 882 et (Please expl					
New Well		Change in T	'manemoste	r of:		er (Lieaze expi	aunj				
Recompletion	Oil		Dry Gas		E	ffective	11/1/9	1			
Change in Operator		i Gas X	-	. 🗖							
If change of operator give name	C-Sangaron	2020 [2]	COLCENSAT	<u> </u>			<del></del>				
and address of previous operator						······································	<del></del>		<del></del>	<del></del>	
II. DESCRIPTION OF WELL	AND LEA	SE					1				
Lease Name Well No. Pool Name, Include									of Lease No.		
W. F. Hanagan		3	Lang1	ie Ma	attix Qu	(SR) AB	ZMX,	Middelfakor Fee			
Location						<u> </u>					
Unit LetterL	_ :2	310 j	Feet From	The So	outh Lin	e and99	0 F	ect From The	West	Line	
									,		
Section 12 Townshi	p 25	s I	Range	36E	, N	MPM,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OII	AND	NATU:	RAL GAS						
Name of Authorized Transporter of Oil		or Condensa		η		e address to wi	hich approved	copy of this	form is to be se	int)	
Texas New Mexico Pipe		mpany	·	- 	P. O. B	ox 2528.	Hobbs,	NM 882	41		
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)  1st City Bank Toower 201 Main St, FtWorth TX										
Sid Richardson Carbon & Gasoline Co.								<del></del>	St, FtWo	th TX	
If well produces oil or liquids, give location of tanks.	• •		Wp.	_	Is gas actually connected?		When				
	K	12	25S	36E		Yes		1/5/6	4		
If this production is commingled with that IV. COMPLETION DATA	HOM any our	r lease or po	. *		ing ower num	XET:	PC-591	<u> </u>			
		Oil Well	_,	Well		Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u></u>					<u> </u>		Ĺ	_i	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Depth			
Perforations											
retorations								Depth Casing Shoe			
	ייר	IDDIC C	A CDIC	AND	CTEA CEATITE	IC DECOR		<u>i</u>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTI		<u> </u>	1			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
						··	<del></del>				
	<del></del>				<del></del>			ļ	<del></del>		
							<del></del>	<del> </del>			
V. TEST DATA AND REQUES	T FOR A	LLOWAI	BLE								
OIL WELL (Test must be after re	covery of low	al volume of	load oil a	nd must	be equal to or	exceed top allo	wable for this	depth or be	for full 24 hou	·s.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)			
I and of Tab											
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil Phie				Water - Bbis.			Gas- MCF			
Actual Prod. During Test Oil - Bbls.					Water - Dois.			Cas- MICE			
CAS WELL	L				· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	L			
GAS WELL Actual Prod. Test - MCF/D	Length of Te	hat	···		Bbis, Condens	nte A A A A A P		10-14-1			
TANKET AND AND TANKET AND A TAN	DOIS. COROCEL	ac MMCP		Gravity of Condensate							
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMPI	IANCI	; -		·		i	<del></del>		
				-		IL CON	SERVA	I NOITA	DIVISIO	N	
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 k	nowledge and	belief.			Date	Annroved	DE	0021	991		
11 11 12											
- Harry John					Orig. Signed by						
Signature Donna Holler Agent					By Paul Kautz						
Printed Name			itle	—	Title		Time	<del>-</del> . •			
10-31-91	505	-393-2			FOR	RECC	ORD	ONLY	A 4 4 4	00.00	
Date		Telepho	one No.	_		1/2/			MAY	201993	

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.