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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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	REQ			_		BLE AND			1			
I.		TOTR	ANS	SPORT		L AND NA	TURAL					
Operator				We	II API No.							
Gene Armstrong dba	Tora Oi	1 & Ga:	3	T		- 1						
P. O. Box 755, Hobb	s, New 1	Mexico	882	241								
Reason(s) for Filing (Check proper box)		_			Ot	her (Please exp	olain)				
New Well		Change i	_	asporter o	of:		20.0		. /. /			
Recompletion X	Oil	L.	. •	y Gas			Effe	ctive l	1/1/91			
		ead Gas 🕽			<u></u> _							
If change of operator give name and address of previous operator	urk Roya	alty Co), I	P. O.	Вох	BRC, W	ichita F	alls, T	X 76307			
II. DESCRIPTION OF WELL	L AND LE	EASE										
Lesse Name Lindley	Well No. Pool Name, Inclu					-		1 -	d of Lease			
Location		1 2	Т	Jaima	IC Y	ates-Se	ven Rive	rs r	HARRARA			
Unit Letter A	:	990	_ Fee	t From Ti	he	North Li	ne and3	30	Feet From The _	East	Line	
Section 26 Towns	thip 25	5 S	Rai	nge	36	E , N	мрм,	Lea			County	
III. DESIGNATION OF TRA	NSPORTI				ATU							
Name of Authorized Transporter of Oil	X	or Conde				Address (Gi	ve address to w	vhich approv	ed copy of this fo	rm is to be se	ent)	
Texas New Mexico Pi	peline (Company				P. O.	Box 252	8. Hobb	s, NM 882	41		
Name of Authorized Transporter of Cass	-	\mathbf{x}		Dry Gas [Address (Gi	ve address to w	vhich approv	ed copy of this fo	rm is to be se	ent)	
Sid Richardson Carbo						201 Ma	in, 1st	City T	wr, Ft. W	orth. T	X 76102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw	i		Is gas actual	y connected?	Whe		•		
	Н_	26			6E_	<u></u>	_Yea		3,	/12/62		
If this production is commingled with the IV. COMPLETION DATA	u irom any ou	her lease or	pool,	give com	mingi	ing order num	ber:		T			
		Oil Wel		Gas W	eli	New Well	Workover	I Danner	l Diverbert L		him n	
Designate Type of Completion	n - (X)		· '	Sea 111	C11	New Well	WOIKOVE	Deepen	Plug Back	Same Kes'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Proc	1.		Total Depth	1	<u> </u>	P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
Perforations						L			Depth Casing Shoe			
		TUBING,	CA	SING A	ND	CEMENTI	NG RECOR	ND .				
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET	-	SA	SACKS CEMENT		
. TEST DATA AND REQUE	ST FOR A	LLOW	ARI.	F					<u> </u>			
					must	he equal to or	exceed top all	aumhle for th	ie danth or he for	- 6:11 24 have	-a 1	
Date First New Oil Run To Tank	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
							((<i>-</i>	 - - - - - - - -	,			
ength of Test	Tubing Pressure					Casing Pressu	ге		Choke Size			
ual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF				
		·						,				
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Cor	Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
A ODED ATOD CEDTER	ATT OF	CO1 #	T T A	NOT			 					
I. OPERATOR CERTIFIC					•			ISERV	ATION D	IVISIO	NI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								IOLI IV.			1.4	
is true and complete to the best of my knowledge and belief.						Date Approved						
11	_					Date	Approve	a				
Warne balle					-	_						
Signature						By Alexandra Alexandra						
Donna Holler Agent							*-#	CALC ST				
Printed Name			Title			Title_						
12/11/91 Date		505-39	3-2	727 No	-					*		

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.