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, Artesia, NM 88210

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

i.	i	OIKAN	SPORT OIL	ANU NA	TURAL GA				.,	
Operator						Well A	API No.			
Gene Armstrong dba To	ra Oil	& Gas								
Address	Note Mo	viao 00	241							
P. O. Box 755, Hobbs, Reason(s) for Filing (Check proper box)	New Me	X100 00	241	Oth	et (Please expla	iin)			<del></del>	
New Well	(	Change in Tr	ransporter of:		7.55		1 (01			
Recompletion	Oil		ry Gas 🗀		Effect	ive 11/	1/91			
Change in Operator X	Casinghead	Gas C	ondensate						***	
If change of operator give name and address of previous operator Bur	k royal	ty co,	P. O. Box	BRC, Wi	chita Fa	lls, TX	76307			
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name							Kind of Lease		Lease No.	
Lindley	1 Jalmat'Y				ates-Seven Rivers			Pikdéliköt Fee		
Location			.7							
Unit Letter H	: 231	<u>0</u> F	eet From The!	North Lin	e and	430Fe	et From The	East	Line	
Section 26 Township	p 25	c R	lange 36	E , NI	мрм,	1			County	
Section 20 Townshi	2.3	<u> </u>	<u> </u>	<u>E</u> , 141	VII IVI,		Jed		county	
III. DESIGNATION OF TRAN										
Name of Authorized Transporter of Oil	LX.	or Condensat	te	1		• •	copy of this form		u)	
Texas New Mexico Pipe	P. O. Box 2528, Hobbs, NM 88241  Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline Co.				201 Main, 1st City Twr, Ft. Worth, TX 76						
If well produces oil or liquids, Unit Sec. Twp.				Is gas actually		When				
give location of tanks.	н	26	25S   36E		Yea	1	3/1	2/62		
If this production is commingled with that i	from any othe	r lease or po	ol, give commingl	ing order numl	ber:		<del></del>		<del></del>	
IV. COMPLETION DATA		Oil Well	Gas Well	Non Well	1 31/	D	Plug Back Sa	D'	Diff Davis	
Designate Type of Completion	- (X)	l on wen	1 Gas Well	New Well	Workover	Deepen	Flug Dack  Sa	ine Kes v	Diff Res'v	
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							Depth Casing S	noe		
	CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	<u> </u>	. <del></del>								
						<del></del>				
V. TEST DATA AND REQUES	T FOR A	LLOWAE	BLE	L			<u> </u>			
OIL WELL (Test must be after re								full 24 hour:	s.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	mp, gas lift, e	ic.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test Oil - Bbls.				Water - Bbls			Gas- MCF			
				Water - Bola.			-			
GAS WELL							·	<del></del>		
Actual Prod. Test - MCF/D	Length of To	est		Bbls. Conden	sate/MMCF		Gravity of Cond	densate		
							N 1 0			
Testing Method (pitot, back pr.)	Tubing Press	sure (Shut-in	)	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC.	ATE OF	COMPI.	IANCE							
I hereby certify that the rules and regula					OIL CON	SERV	ATION DI	VISIO	N	
Division have been complied with and t is true and complete to the best of my k			above				Men a	660 -		
20 to the control of the desired that it	HOWIEURE 480	ocuei.		Date	Approved	<u> </u>	OEG 12	1831		
Danne Haller				_				· <del></del>		
Signature				By	* 4 1	ANAS AS				
Donna Holler		Agent	ille	lt						
Printed Name 12/11/91	5.0	 -393 -		Title						
Date Tale		Telepho								

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.