

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <i>Bobber Well Servicing Co.</i>		Well API No. <i>30-025-11183</i>
Address <i>P.O. Box 1772 Hobbs N.M. 88240</i>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <i>J.F. Black</i>	Well No. <i>4</i>	Pool Name, including Formation <i>Jalmar</i>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <i>F</i>	<i>1980</i>	Feet From The <i>Neerl</i>	Line and <i>1980</i>	Feet From The <i>Neerl</i>
Section <i>21</i>	Township <i>24S</i>	Range <i>37E</i>	NMPM, <i>Lea</i>	County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <i>Lantern Pet</i>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <i>Sid Richardson Co.</i>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twsp.	Rgs.
		Is gas actually connected?
		When?

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. <i>2/23/90</i>		Total Depth <i>3617</i>		P.B.T.D. <i>3260</i>			
Elevations (OD, RKB, KT, GR, etc.) <i>3234</i>	Name of Producing Formation <i>Jalmar</i>		Top Oil/Gas Pay <i>2808</i>		Tubing Depth <i>3000</i>			
Perforations <i>20 holes 2800, 36, 39, 75, 80, 2904, 21, 29, 64, 66, 68, 70, 72, 3009, 29, 84, 46, 49, 50, 50</i>					Depth-Casing Shoe <i>3352</i>			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>14 3/4</i>	<i>13"</i>		<i>200'</i>		<i>50 Sx</i>			
<i>10 "</i>	<i>8 5/8"</i>		<i>1369</i>		<i>100 Sx</i>			
<i>7 7/8</i>	<i>7- 3/4"</i>		<i>3352</i>		<i>125 Sx</i>			

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Runs To Tank <i>2/23/90</i>	Date of Test <i>2/23/90</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24</i>	Tubing Pressure <i>pumping</i>	Casing Pressure <i>40</i>	Choke Size <i>2" open</i>
Actual Prod. During Test	Oil - Bbls. <i>Trace</i>	Water - Bbls. <i>8</i>	Gas- MCF. <i>25</i>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

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.

*Mark D. Clark*  
Signature  
Printed Name  
*7/20/92*  
Date  
Title  
*392-5516*  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved *AUG 26 '92*  
By  
ORIGINAL SIGNED BY JERRY SEXTON  
Title  
DISTRICT I SUPERVISOR

**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

JUL 21 1992

OCD HOBBS OFFICE