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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hoobs, 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 Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[OIRA	INS	PORT OIL	- AND INA	I UNAL C	Wall A	API No.			
Operator											
Will McCasland, I	nc.	·									
Address c/o Oil Reports &	0 Cam	1 000	Tnc	, p 0	Box 75	5. Hobbs	. NM 882	41			
C/O Oil Reports & Reason(s) for Filing (Check proper box	Gas Serv	rces,	1110	,, <u>F.</u> O	⊠ Oth	er (Please expl	ain)				
	•/	Change in	Tran	sporter of:		revious		rroneous	lv name	d Sid	
New Well	Oil		Dry	· [-1		dson Car					
Recompletion \square	Casinghea	d Gas		densate		orter	i bon a o	<u> </u>			
f change of operator give name											
nd address of previous operator											
I. DESCRIPTION OF WEL	L AND LEA	SE									
Lease Name	Well No. Pool Name, Incl				ding Formation			of Lease Denoted NOVec		Lease No.	
Litie Woolworth		3		Jalmat			Assue	Dental III a	<u>'</u>		
Location											
Unit Letter M	. 9	90	Feet	From The	South Lin	and 990	Fo	et From The	West	Line	
Oint Letter				•							
Section 28 Town	iship 24	S	Ran	ge 37E	, N	MPM,	Lea			County	
III. DESIGNATION OF TRA	ANSPORTE	R OF O	<u>IL A</u>	ND NATU	RAL GAS	e address to w	Lich approved	conv of this fo	orm is to be se	ent)	
Name of Authorized Transporter of Oi	1	or Conde	nsate		Address (Giv	e aaaress to w	nich approved	· copy of this fo	<i>,,,,</i> , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	/	
					441 - 101	e address to w	Lich annuals	l conv of this f	orm is to he se	ent)	
Name of Authorized Transporter of Ca			or D	ry Gas XX		Box 149				/	
El Paso Natural			<u>.</u>	1 5			When		, , , , , ,		
If well produces oil or liquids,	Unit	Sec.	Twp), Rge.	1 *	-		947			
pive location of tanks.			<u> </u>		Yes			.347			
f this production is commingled with the	hat from any oth	er lease or	pool,	give comming	itii Otaet man	Jei					
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)	I Ou wen	' ! 1	Oas Well	1		i	j	İ	I	
Date Spudded	Date Comp	ol. Ready to	o Proc	L.	Total Depth			P.B.T.D.			
Date Springer											
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	ormat	ion	Top Oil/Gas Pay			Tubing Depth			
Living and (See) (See)					·						
Perforations					···			Depth Casin	g Shoe		
	7	UBING,	CA	SING AND	CEMENTI	NG RECOR	<u>w</u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
								ļ			
					<u> </u>						
					ļ. <u></u>			<u> </u>			
								<u>_l</u>			
V. TEST DATA AND REQU	EST FOR A	LLOW	ABL	Æ			innahla far th	ie denth or he	for full 24 hou	ors.)	
OIL WELL (Test must be aft	er recovery of to	tal volume	of loc	ed oil and mus	be equal to or	ethod (Flow, p	owable for in	elc)	or just 24 non		
Date First New Oil Run To Tank	Date of Te	st			Producing M	emod (riow, p	mith' gas idii				
						Casing Pressure			Choke Size		
Length of Test	Tubing Pressure				Casing Pressure						
						Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Dola						
					L						
GAS WELL								TA. 32	Tondo- oo:		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
								Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choice Size		
					<u> </u>						
VI. OPERATOR CERTIF	ICATE OF	COMI	PLIA	ANCE			ICEDI/	ΔΤΙΩΝΙ	חואופור	NC	
I hereby certify that the rules and re	gulations of the	Oil Conse	rvatio	ם			40EU A	AHON	ا ۱۵۱۸ ا	Z1 4	
Division have been complied with a	ind that the infor	mation giv	en ab	ove	H				į.	e dig	
is true and complete to the best of r	ny knowledge au	nd belief.			Date	Approve	ed				
1/1	1 / 10							, s 1 B		4	
Mouni	Lellen				By_	<u>.</u>	eranagasa na sa	, > . 14 	\$ \$ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Signature Donna Holler		1	Ager	nt	-,-			•			
Printed Name			Title		Title						
8/9/90				3-2727							
Date		Tel	ephon	e No.	11						

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.