Submit 5 Cooles
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico 3y, Minerals and Natural Resources Departmy

Form C-104 Revised 1-1-89 See Instructions

## **OIL CONSERVATION DIVISION** DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

I.		TO TRA	ANSPORT	OIL AND N	ATURAL G	AS				
Operator Geodyne Operatir		Well API No. 30-025-1				.1393 <del>-00-51</del>				
Address				0-023-11	1393-0£	<del>21</del>				
320 South Bostor	ı - The	Mezza	nine, Tu	lsa, OK 74	103					
Reason(s) for Filing (Check proper box) New Well		Change u	a Tonacades of		ther (Please exp	lain)	_			
Recompletion	Oil	Change in	n Transporter of Dry Gas	: 						
Change in Operator X	Casinghea	d Gas 🗀	Condensate							
If change of operator give name and address of previous operator	ional C	oop. R	Refinery	Assoc., 4	15 W. Wal	1, Suit	e 2215,	Midland	TX 797	
II. DESCRIPTION OF WELL			· · · · · · · · · · · · · · · · · · ·			······································	<u></u>			
Lease Name	cluding Formatio	uding Formation Kind			of Lease No.					
Westates Federal 8 Justis								Federal OFF NMLC-032579E		
Location E	16	20		N + L		20				
Unit LetterE	_::	20	Feet From The	e North L	ne and3	301	Feet From The	West	Line	
Section 1 Townshi	<b>p</b> 25-	S	Range 3	7-E	<b>УМРМ</b> ,			Lea	County	
III DECIGNATION OF THE										
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OF Copdes	IL AND NA		ive address to w	high annual	d same of this is			
Shell Pipeline Co	LXI rporatio			P. 0	Box 264	8, Hous	ton, Tex	cas_7725	<i>іл<b>и)</b> 2</i>	
Name of Authorized Transporter of Casin	ghead Gas	$\Delta$	or Dry Gas	Address (G	ive address to w	hich approve	d copy of this f	orm is to be se	ent)	
Sid Richardson Car	Unit	Sec.	<del>,</del> ,		Box 122			rico 882	52	
give location of tanks.	E	1	25S 37		lly connected? Yes	Whe		.962		
f this production is commingled with that	from any other	r lease or	pool, give come	ningling order nur	ober:		<del></del>	_		
IV. COMPLETION DATA		Oil Well			-, <del></del>	, <del></del>				
Designate Type of Completion	- (X)	Or wett	Gas Wei	li New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Rea'v	
Date Spudded	Date Compl	. Ready to	Prod.	Total Depth	.l	I	P.B.T.D.	<u> </u>	.L	
Elevations (DF, RKB, RT, GR, etc.)	Name of D	. A		To Olid	7-01/4					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Forms			rmation	Top Oil/Gas Pay			Tubing Depth			
Perforations			<del></del>			-	Depth Casing	s Shoe		
HOLE SIZE	CAS	UBING,	CASING AN BING SIZE	VD CEMENT	DEPTH SET			SACKS CEMENT		
	5/10		BING SIZE	<del></del>						
`								<del></del>	<del></del>	
									<del></del>	
. TEST DATA AND REQUES	T FOR AI	LLOWA	BLE							
OIL WELL (Test must be after re	covery of low	i volume o	of load oil and m	rust be equal to or	exceed top allo	wable for this	depih or be fa	e full 24 hours	• i	
The same of the same	Date of Test			Producing M	thod (Flow, pur	np, gas lift, e	tc.)	- ) ov nos.	1.7	
ngth of Test Tubing Pressure				Casing Press	Casing Pressure			Choke Size		
ctual Prod. During Test								Choice Size		
From During 1480	Oil - Bbls.			Water - Bbls				Gas- MCF		
GAS WELL										
	Length of Te			Bu. a :						
				Bols. Conden	Bbis. Condensus/MMCF			Gravity of Condensate		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressu	Casing Pressure (Shut-is)			Choke Size		
I OPERATOR CERTIFICA										
I. OPERATOR CERTIFICA I hereby certify that the rules and regulati		· 4.			UL CONG	35044	71011			
CALIFORNIA OF THE CONTROL OF THE PART IN	<b>•• •• •••</b>	•1 · ·	above		IL CONS	SEHVA				
is true and complete to the best of my knowledge and belief.				Data	Approved		J	AN 14'9	32	
Steve //	tel.			Date	~hhi o∧ed					
Signature	1-7-			∥ Bv		iai siane	DV creen	to grante and o		
S.R. HASH Printed Name	V.P.		ATIONS	-, _	/ DIN	DETRICT	i bupeque	10,21,7 <u>01()</u> CR		
12/16/91 Date	(918)	583 <b>–</b> 5	<b>ide</b> 5525	Title_		<del></del>				
		Teleph	one No.					<del></del>		
INCORPLICATION										

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
- 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.