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

## State of New Mexico Energy, Minerais and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

F.U. Box 2088 Santa Fe. New Mexico 87504-2088

f this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Date Compl. Ready to Prod.  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  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  ILL 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.)  Late First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  CHARLOWABLE  CHARL	1000 Rio Brazos Rd., Aztec, NM 8741	0				VICAICO 675						
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Use Letter C . 330 Feet From The N Line and 1980 Feet From The W Line  Section 4 Township 25S Range 37E NMPM Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of OID X O'Condenate  The Address (Give address to which deprended copy of the form at to be seet)  P.O. BOX 2648. HOUSEON, TX 77252  Name of Authorized Transporter of Categorized Gas X O'r Dry Gas Address (Give address to which approved copy of the form at to be seet)  P.O. BOX 2648. HOUSEON, TX 77252  Name of Authorized Transporter of Categorized Gas X O'r Dry Gas I Address (Give address to which approved copy of the form at to be seet)  P.O. BOX 2648. HOUSEON, TX 77252  Name of Authorized Gas Co. Type 1 Rep 1 as pas actualty occased.  Yes location of inputs, I Unit Sec. Type Rep, I as pas actualty occased.  The production of counts of counts, and the form any other issue or pool, pre commission of units.  Ye location of counts and occurrenced with that from any other issue or pool, pre commission of units.  Ye count of inputs, I Unit Sec. Type 1 Cate Wall New Wall Workforer Deepen Plug Back Same Reav Diff Reav Designate Type of Completion - (X)  Total Depth Plug Back Same Reav Diff Reav Designation of the Completion of the Completion of Total Depth Plug Back Same Reav Diff Reav Designation of the Completion of the C	Langlie Jal Unit		40				RO)					
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Signature (Company)  P. O. Box 2648 Houston TX 77252  Address (Give address to which approach copy of this form us to be seed)  Address (Give address to which approach copy of this form us to be seed)  Sid Richardson Carbon & Gas Co.  If well produced or liquide.  Provided to the liquide.  Provided or the liquide.  Oil Well Cas Well New Well Workover Deepen Plug Back (Same Res')  Date Spudded  Date Completion - (X)  Designate Type of Completion - (X)  Designate Type of Completion - (X)  Designate Type of Completion - (X)  Name of Producing Formation  Top Oil/Cas Pay  Tubing Depth  Profit Same Res'  Diff Res'v  Designate Type of Completion - (X)  Name of Producing Formation  Top Oil/Cas Pay  Tubing Depth  Profit Same Res'  Diff Res'v  Designate Type of Completion - (X)  Name of Producing Formation  Tubing Depth  Profit Same Res'  Diff Res'v  Designate Type of Completion - (X)  Name of Producing Formation  Top Oil/Cas Pay  Tubing Depth  Profit Same Res'  Diff Res'v  Designate Type of Completion - (X)  Name of Producing Formation  Tubing Depth  Profit Same Res'  Diff Res'v  Designate Type of Completion - (X)  Name of Producing Formation  Top Oil/Cas Pay  Tubing Depth  Profit Same Res'  Diff Res'v  Designate Type of Completion - (X)  Tubing Pressure  Casing Pressure  Casing Pressure  Oil Condensate  Oil Condensate  Oil Condensate  Oil Condensate  Oil Condensate  Oil Condensate  Date Approved  Oil Tal 1991  By Original Signate By Jerry Sexton  Distinct I Supervisor  Title  Distinct I Supervisor  Title	Name of Authorized Transporter of Oil	( <b>3</b> )					e address to w	hich approve	d copy of this	form is to be s	eni)	
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Also First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Ength of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Chail Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gravity of Condensate  Mater MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shus-in)  Casing Pressure (Shus-in)  Casing Pressure (Shus-in)  Choke Size  C	. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	<del></del>	<u>!</u>						
ength of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Chuse Frod. During Test  Oil - Bbls.  Gas- MCF  GAS WELL  Contail Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Method (puos. back pr.)  Tubing Pressure (Shus-in)  Casing Pressure (Shus-in)  Casing Pressure (Shus-in)  Choke Size  T. 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.  Date Approved  OIL CONSERVATION DIVISION  Date Approved  OGT 28 1991  By ORIGHNAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title	IL WELL (Test must be after t				oil and must	be equal to or	exceed top allo	wable for the	s depth or be	for full 24 hou	rs.)	
Could Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gas- MCF  Gas- MCF  Gas- MCF  Could Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Mater - Bbls.  Condensate/MMCF  Gravity of Condensate  Mater - Bbls.  Condensate/MMCF  Gravity of Condensate  Condensate  Condensate  Condensate  Mater - Bbls.  Condensate/MMCF  Gravity of Condensate  Condensa	a First New Oil Run To Tank Date of Test											
Could Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gas- MCF  Gas- MCF  Gas- MCF  Could Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Mater - Bbls.  Condensate/MMCF  Gravity of Condensate  Mater - Bbls.  Condensate/MMCF  Gravity of Condensate  Condensate  Condensate  Condensate  Mater - Bbls.  Condensate/MMCF  Gravity of Condensate  Condensa	ength of Test	T. b   P										
GAS WELL    Consult Prod. Test - MCF/D   Length of Test   Bbis. Condensate/MMCF   Gravity of Condensate	and it is	lubing Pres	STILE.			Casing Pressur	re .		Choke Size			
String Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  T. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief.  Date Approved  OIL CONSERVATION DIVISION  Date Approved  OGT 28 1991  By ORIGINAL SEGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title  Title	ctual Prod. During Test			···	Water - Bbis.			Gas- MCF				
Exiting Method (puot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  T. 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.  Date Approved  OIL CONSERVATION DIVISION  Date Approved  OGT 2.8 1991  By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR  Title  Title						· i			!			
String Method (pilot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  T. 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.  Date Approved  OIL CONSERVATION DIVISION  Date Approved  OGT 28 1991  By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title	GAS WELL					-			•			
I. 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.  OIL CONSERVATION DIVISION  Date Approved  OGT 28 1991  By ORIGINAL SHGNED BY JERRY SEXTON DISTRICT I SUPERVISOR  Title  Title  Title	ctual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	ate/MMCF	<del></del>	Gravity of C	ondensate		
I. 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.  OIL CONSERVATION DIVISION  Date Approved  OGT 28 1991  By ORIGINAL SHGNED BY JERRY SEXTON DISTRICT I SUPERVISOR  Title  Title  Title									į.			
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.  Date Approved  OIL CONSERVATION DIVISION  Date Approved  Ogt 28 1991  By ORIGINAL SHGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title  Title	sung Method (puot, back pr.)	lubing Pres	aure (Shut-	in)		Casing Pressur	e (Shut-in)		Choke Size			
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.  Date Approved  OIL CONSERVATION DIVISION  Date Approved  Ogt 28 1991  By ORIGINAL SHGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title  Title	T OPERATOR CERTIFIC					·			!			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  OGT 28 1991  By ORIGINAL SHGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title  Title					CE		II CON	SERV	ATION I	חוצועום	M	
Signature  Printed Name  Title  Title  Title  Title  Title  Title  Title	Division have been complied with and	that the inform	nation give	a apove		.1					1 4	
Signature Printed Name  Title  Title  Title  Title	is true and complete to the best of my i	mowledge and	belief.			Data	Anneovoc	. ೧೯	RT 28	<b>199</b> 1		
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	L'est		Telep	none 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 multi- v completed wells.