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

State of New Mexico nergy, Minerals and Natural Resources Depart

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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Antesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		IO IHA	NOP	OH! OIL	- WIND INW	TURAL G	73	1 42/				
Openior Lanexco, Inc.						Well API No. 30-025-11540						
P.O. Box 1206	Jal, NM	1 8825	52									
leason(s) for Filing (Check proper box)				6	Ou	et (Please exp	(الله					
lew Well	Oil	Change in	Dry G									
Lecompletion Unange in Operator	Casinghe	M Gas	Conde									
change in Operator give name	California			<u></u>								
d address of previous operator												
I. DESCRIPTION OF WELL	AND LE		T					W-4	-61		-,,	
Justis BC Feder	al Com	Well No.			ing Formation				of Lease Federal or Fe	• LC	Lease No. -060942	
OCALIOS	ar com	_را	1 30	stis Gl	orera						······································	
	:	660	_ Feet f	rom The	S Lin	e and6	60	Fe	et From The	E	Line	
1.			_	0.7					_		_	
Section 1 Townsh	<u>iip 2</u>	!5-S	Range	37-	·E N	МРМ,		···	Lea		County	
I. DESIGNATION OF TRAI	NSPORTE	ER OF O	IL A	ND NATU	RAL GAS							
lame of Authorized Transporter of Oil		or Conde			Address (Gi	ve address to u	hich d	pproved	copy of this	form is to b	e seni)	
			or Da	y Gas 🔯	Address (Ci	ve address to n	hick .	1000000	come of this	form is to b	e sent)	
Name of Authorized Transporter of Casi Sid Richardson Carbo		oline	•	, LXI	201	Main St.	F	ort W	lorth, T	X 761	02	
f well produces oil or liquids,	Unit	i Sec. Twp. Rgs. Is gas actually connected?				When 7						
ve location of tanks.	P	1 11	25S			es		<u> </u>	?			
this production is commingled with the V. COMPLETION DATA	i from any oti	her lease or	pool, g	ive comming	ling order nur	ider:						
V. COMPLETION DATA		Oil Wel	1	Gas Well	New Well	Workover	1 [Эверев	Plug Back	Same Res	v Diff Res'v	
Designate Type of Completion	ı - (X)	İ	i.		<u>i</u>	<u>İ</u>	<u>i_</u>	· ·	İ	<u>i </u>		
Spudded Date Compl. Ready to Prod.					Total Depth				P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
ievalous (DI', IARD, NI', GN, Way												
erforations									Depth Casin	ng Shoe		
		T IDING	CACI	INC AND	CEMENTI	NC PECOE	D		<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
HOLE SIZE	OAGING & TOURING CIE											
	-											
. TEST DATA AND REQUE	ST FOR /	ALLOW	ABLE		l				.1			
IL WELL (Test must be after	recovery of u	otal volume	of load	oil and must	be equal to or	exceed top all	owabi	le for thi	s depth or be	for full 24 I	iours.)	
ute First New Oil Run To Tank	Date of Te	a			Producing M	ethod (Flow, p	emp, į	gas lift, e	uc.)			
	T. 1. D				Casing Pressure				Choke Size	Choke Size		
ength of Test	Tubing Pressure				Casing 1 reserve							
tual Prod. During Test Oil - Bbls.					Water - Bbis.				Gas- MCF			
											· · · · · · · ·	
GAS WELL												
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
sting Method (pitot, back pr) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
												I. OPERATOR CERTIFIC
I hereby certify that the rules and regu	lations of the	Oil Conser	vation		'	OIL COM	1SE	=RV	ATION	DIVIS	ION	
Division have been complied with and	l that the info	rmation giv	en abov	re	_							
is true and complete to the best of my	PROMISORE ST	. / . /	p		Date	Approve	d _					
Mille Canila	rd (-14-	Đ,									
Signature		0	<u> </u>		By_							
Mike Copeland	Product	ion Su	pt Title		Tielo							
11-5-91	505-39				Hille							
Date		Tele	phone l	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.