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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DEC 3 1 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

O. C. D.

Address P.O. Box 1359, Artesia, NM 88211-1359	I.		O TRA	NSPO	ORT OIL	AND NA	TURAL GA	AS Wall	A DI No			
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Navajo Refining Co. Name of Authorized Transporter of Casinghead Gas SIA Richardson Carbon & Gasoline If well produces oil or liquids, give location of tanks. I Unit Sec. Twp. Rge. give location of tanks. O 12 255 37E is gas actually connected? Yes 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) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth Total Depth P.B.T.D. Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TUBING CASING AND CEMENTING RECORD TUBING CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Test much 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 Run To Tank Date of Test Casing Pressure Casing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Order Address (Give address to which approved copy of this form is to be sert) Address (Give address to which approved copy of this form is to be sert) Address (Give address to which approved copy of this form is to be sert) Address (Give address to which approved copy of this form is to be sert) Address (Give address to which approved copy of this form is to be sert) Address (Give address to which approved copy of this form is to be sert) Address (Give address to which approved copy of this form is to be sert) Total Depth P.B.T.D. Perforations Perforations Tubing Depth SACKS CEMENT SACKS CEMENT Choke Size Choke Size	III. DESIGNATION OF TRANS	_			U NATU	Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	nt)	
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Sid Richardson Carbon & Gasoline 201 Main St., Ft. Worth, TX 76102		head Gas	XX	or Dry	Gas [Address (Give address to which approved copy of this form is to be sent)						
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CAS WELL	GAS WELL											
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VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION					·CD		DIL COM	ISERV	AHON	DIVISIO	NI	
Division have been complied with and that the information given above	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	is true and complete to the best of my ki	nowledge and	a belief.			Date						
Ariosa Tanta	() (at					Urig. Signed by						
Signature Geologist	Signature					By Paul Kautz Geologist						
Crissa D. Carter Procuction Clerk	<u> Črissa D. Carter</u> <u>Procuction Clerk</u>								•			
Printed Name Title Title Title		(50517/		88	Title						
12/30/92 (505) /48-1288 Date Telephone 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 multiply completed wells.