Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980 Hobbs, NIM 18740	Łgy,	State of N Minerals and Na		Form C-104 Revised 1-1-89 See Instructions				
P.O. Box 1980, Hobbe, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088								
DISTRICT III 1000 Rio F azos R.J., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION								
I. Operator	TOTR	ANSPORT OI		JRAL GA		API No.		
HUNT OIL COMPANY								
Address 1445 ROSS AT FIELD, I	DALLAS, TEXAS	75202						
Reason(s) for Filing (Check proper box)			Other	(Please expla	in)		· · · · · · · · · · · · · · · · · · ·	
New Well	Oil Change 1	a Transporter of: Dry Gas						
Change in Operator	Casinghead Gas 🔀				· · 	1/5/93		
If change of operator give name and address of previous operator PACIFIC ENT. OIL CO., USA, 4245 KEMP, SUITE 600, W.F., TEXAS 76308								
II. DESCRIPTION OF WELL		D. I.M.						
CARLSON B13	4	Pool Name, Includ LANGLIE M	ATTIX & Q	GRAY.		of Lease Federal or Fee	Lease No. NM051998	
Location	660'							
Unit LetterA	:	_ Feet From The	ORTH Line a	od 95	90' Fe	et From The	EAST Line	
Section 13 Townshi	ip 25S	Range 37E	, NMP	м,	LEA		County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	ame of Authorized Transporter of Oil			Address (Give address to which approved copy of this form is to be sent)				
TEXAS-NEW MEXICO PIPI Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas	P.O. DRAWER 159, ARTES					
EL-PASO-NATURAL GAS			<u>P.O. BOX</u>	1492, [L PASO	, TEXAS 79		
If well produces oil or liquids, give location of tanks.	Unuit Sec.	Twp. Rge. 255 37E	Is gas actually connected? When ? YES 8-4-55				55	
If this production is commingled with that from any other lease or pool, give commingling order number:								
IV. COMPLETION DATA	Oil Wel	I Gas Well	New Well	Vorkover	Deepen	Plug Back Sa	ume Res'v Diff Res'v	
Designate Type of Completion			i i					
	Date Compl. Ready to	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Top Oil/Gas Pay			Tubing Depth			
Performions					Depth Casing Shoe			
HOLE SIZE	CASING & T		CEMENTING RECORD DEPTH SET			SACKS CEMENT		
V TECT DATA AND DECLIN								
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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.)								
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)								
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
_			-					
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF		
GAS WELL			1			ł		
Actual Prod. Test - MCF/D	Leagth of Test	Bbls. Condensus/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Pressure (Shut-in)			Choke Size			
VI. 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			OIL CONSERVATION DIVISION					
is true and complete to the best of my h	Date ApprovedJAN 5 1993							
Atom Sources								
Signature STAN SMITH	By BY BY JERRY SEXTON							
Printed Name 12-28-92	OPERA1 817 69	[]	Title					
Date Telephone No.								
		•	II					

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.

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