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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 at Bottom of Page

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TRANSPORT OIL AND NATURAL GAS

0		10 17/	11101	<u> </u>			Well A	PI No.			
Operator P. Poternoloum								30-025	<b>-1</b> 1588		
M & B Petroleum Address							,				
c/o Oil Reports &	Gas Serv	ices.	Inc.	, P. O.	Box 755	, Hobbs	NM 882	41			
Reason(s) for Filing (Check proper box,	)			<u> </u>	Z 04	ict (Lieme erb	um,		•	~	
New Well		Change in		. —	Last p	revious	C-104 er	roneous	Ly named	Sid	
Recompletion Oil Dry Gas						Richardson Carbon & Gasoline Co. as					
Change in Operator	Casinghead	d Gas	Cond	ensate	transp	orter					
f change of operator give name											
and address of previous operator				· · · · · · · · · · · · · · · · · · ·					T C	060944	
II. DESCRIPTION OF WELL	L AND LEA		<del></del>	<del></del>			Vind.	of Lease		ease No.	
Lease Name		Well No.	1		ing Formation			x Lease FederalXXX Red	-		
Federal B		2	La	<u>nglie M</u>	<u>attix SR</u>	-ON-GB				<u>ve</u>	
Location							<b>.</b>		to a a a	<b>r</b> '=	
Unit Letter H	:16	50	_ Feet !	From The	North Lin	e and33(	<u> </u>	et From The _	Last	Line	
			_		.,					County	
Section 14 Towns	hip 25	S	Rang	e 37E	, N	MPM,	Lea			<u> </u>	
	*10P0****	n 05 0	. TT 4	NITS BLASTER	DAT CAC						
III. DESIGNATION OF TRA		R OF C	IL A	ND NAIU	Address (Gi	ve address to w	hich approved	copy of this fo	orm is to be se	int)	
Name of Authorized Transporter of Oil	XX	or Conde			1	30x 2528					
Texas-New Mexico P	ipe Line		iny	y Gas	Address (Cir	ve address to w	hich approved	copy of this fo	orm is to be se	int)	
Name of Authorized Transporter of Cas		XX	or Di	y 045	1						
El Paso Natural Ga		Sec	Twp.	Rge.		Nox 1492. ly connected?	EI Pasi	7	7.70		
If well produces oil or liquids, give location of tanks.	Unit     A	Sec. 14	1 258		Yes	.,		2/4/59			
f this production is commingled with th						ber:					
f this production is commingled with the [V. COMPLETION DATA]	er mon en and on	CI ICASE UI	, have 5	A . A AVIETHING							
Y. COMPLETION DATA		Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	1	· 1			i		L	L	1	
Date Spudded	Date Comp	al. Ready t	o Prod.		Total Depth	<u></u>		P.B.T.D.			
Day openior							+ 1 ×				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dept	lh		
		-				<u> i i i i i i i i i i i i i i i i i i i</u>	:				
Perforations								Depth Casin	g Shoe		
						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	T	UBING	, CAS	ING AND	CEMENT	NG RECOR	<u> </u>				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					<u> </u>			<del> </del>			
								-			
					]			<u> </u>			
V. TEST DATA AND REQU	EST FOR A	LLOW	ABLI	Ε					for full 2d hou	re)	
OIL WELL (Test must be afte	r recovery of to	tal volume	of load	d oil and mus	t be equal to o	exceed top all	lowable for thi	s aepin or be j	or juli 24 nou	· 3.j	
Date First New Oil Run To Tank	Date of Tes		_		Producing M	lethod (Flow, p	ump, gas iyi, i	uc.)			
								Choke Size			
Length of Test	Tubing Pre	ssure .			Casing Press	ure		CHOKE SIZE			
-	<u> </u>				<u></u>			Gas- MCF			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis			Oas- MICE			
CACIMELL											
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of C	Condensate		
Actual Prod. 1681 - MICP/D	Jugar of								_		
Profess Mathed (-list host )	Tubing Pre	ssure (Shu	ıt-in)		Casing Press	ure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	, come i to										
		0010		NCT	1	<del></del>		<u></u>	= :		
VI. OPERATOR CERTIFI	CATE OF	COM	PLIA	INCE		OIL CO	<b>NSERV</b>	ATION	DIVISIO	NC	
I hereby certify that the rules and reg	rulations of the	Oil Conse	rvation	.ve						. *	
Division have been complied with an is true and complete to the best of m	id that the infor v knowledge ar	mauon giv nd belief.	ven 200	vc	D-1	Anarasa	nd			U	
is true and complete to the best of m	1 minminnike at				Date	Approve	<del></del>				
llound b	1.11										
	Wills				By_		<u> </u>		<del>Bet sext</del>	ON	
Signature Donna Holler		P	Agent	5 _			. • • • •		1		
Printed Name			Title		Title	)					
8/9/90				-2727_							
Date		Tel	ephone	No.	И						

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.