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
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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		O IHA	MSH	ORIOIL	AND NA	I URAL GA					
Operator							Well	API No.			
M & B Petroleum 30-025-11590 Address											
c/o Oil Reports & Gas	Services	s, Inc	., 1	Box 755,							
Reason(s) for Filing (Check proper box)			_	_	Oth	et (Please expla	zin)				
New Well Change in Transporter of:											
Recompletion Oil Dry Gas Effective 11/1/91 Change in Operator Casinghead Gas XX Condensate											
Change in Operator											
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name	Well No. Pool Name, Including				_			Kind of Lease		ease No. 50941	
Federal A		1	Lar	nglie Ma	ttix SR	-Qu-GB	, X5050,	1 COCIET MANAGE	. <u>BC-06</u>	70341	
Location Unit Letter A : 560 Feet From The North Line and 330 Feet From The East Line											
Olit Letter											
Section 14 Township 25S Range 37E NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Texas New Mexico Pipe Line Company P. O. Box 2528, Hobbs, NM 88241											
						Address (Give address to which approved copy of this form is to be sent)					
Sid Richardson Carbon								1 Main St.FtWorth TX			
If well produces oil or liquids, give location of tanks.						y connected?	When				
	A	14	253		l Yes			11/17/	58		
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or	poor, g	tae communiti	tuß otget ugtir	ж. <u> </u>					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>L</u>			Tatal Danis		<u> </u>	<u> </u>			
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	Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>	Depth Casing Shoe					
•								'			
	π	JBING.	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	<u>C</u>							
OIL WELL (Test must be after re					be equal to or	exceed top allo	wable for thi	s depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
					Water - Bbis.						
Actual Prod. During Test	rod. During Test Oil - Bbls.							Gas- MCF			
	<u> </u>										
GAS WELL			-								
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
· · · · · · · · · · · · · · · · · · ·	\	<u> </u>			\			1			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CON	ISERV		אואוכוכ	M	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
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					
Warn Dolles						e legited by,					
Signature						By Faul Kautz					
Signature Donna Holler Agent						Geologist					
Printed Name Title											
_10-31-91	505	-393-			Title.						
Date		Tele	phone	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.