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Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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Soction SS Township 25-S Range 37-E NMPM, CO.  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Coedenate Address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas Or Dry Cas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas Or Dry Cas Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 1492 ET PASO, Texas 79976  If well produces oil of liquids, Unit See, Twp. Rge. Is gas samply connected? When?  Designate Type of Completion - (X)  Date Compl. Ready to Prod.  Date Spotded  Date Compl. Ready to Prod.  Total Depth  Perforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TUBING Pressure  Casing Pressure  Chicke Size  Chicke Size  Chicke Size  TODO COMPLETION Date for No.  Casing Pressure  Chicke Size  TODO COMPLETION DATA  Casing Pressure  Chicke Size  TODO COMPLETION DATA  Casing Pressure  Chicke Size  TUBING Test - MCP/D  Length of Test  Bibls. Condensate/MMCF  Casing Pressure (Shul-in)  Choke Size  TO OPERATOR CERTIFIE CATE OF COMPLETANCE.	-	. 198	30 F	eet From Th	5	outh	101	۵Ω		Fas	<b>+</b> .	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cai	Section 29 Towns	hip 25-		_			1		Feet From The	040	Line	
Name of Authorized Transporter of Catinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Catinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  El Paso Natural Gas Company  If well produces oil or liquids,  If we pason,  If well produces oil or liquids,  If we pason,  If well produced or liquids,  If we pason,  If well produced or liquids,  If we pason,  If well produces oil or liquids,  If we pason,  If well produced oil on the pason,  If well produces oil or liquids,  If we pason,  If well produces oil or liquids,  If we pason,  If well produces oil or liquids,  If we pason,  If well produced oil on the pason,  If well produces oil or liquid on the pason,  If well produced oil on the pas	III. DESIGNATION OF TRA	NSPORTER	S UE UII	A NID NIA	יו דידי ו		<u></u> ,				County	
Name of Authorized Transporter of Casinghead Gas	Name of Authorized Transporter of Oil	C (	or Condensat	AND NA	HU	Address (Giv	e address to	which approx	ed come of this	Camera de la laca		
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Designate Type of Completion - (X)  Designate Type of Completion - (X)  Date Spadded  Date Compl. Ready to Prod.  Date Spadded  Date Compl. Ready to Prod.  Date Spadded  Date Compl. Ready to Prod.  Date Of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  It et 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 of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Choke Size	give location of tanks.	lom l	sec 11/	wp.	Rge.	Is gas actually	connected?	Who	n?			
Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Re Date Spudded Date Compl. Ready to Prod.  Date Spudded P.B.T.D.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation Top Oil/Cas Pay Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  ACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  If the 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  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Casing Method (Flow, pump, gas lift, etc.)  GAS WELL  Actual Prod. During Test  Oil - Bbls.  Casing Pressure (Shut-in)  Choke Size  Top Oil/Cas Pay  Tubing Depth  Producing Method (Flow, pump, gas lift, etc.)  Choke Size  The Casing Pressure (Shut-in)  Choke Size  The Open ATOR CERTIFIC ATE OF CONTON AND Standard  Top Oil/Cas Pay  Tubing Pressure (Shut-in)  Choke Size  Top Oil/Cas Pay  Tubing Depth  P.B.T.D.  Producing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size	If this production is commingled with the IV. COMPLETION DATA	t from any other	r lease or poo	ol, give com	mingli	ing order numb	per:					
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I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information gives about	Division have been complied with and that the information given above is true and complete to the best of my Imowledge and belief.					OIL CONSERVATION DIVISION						
is true and complete to the best of my impowledge and belief.												
Date Approved	Mara	Κ	7			Date A	Approve	d		·		
Signature By	Signature 401 YUVON	MALL	$\mathcal{U}$	<del></del>	.	D.,	y 9 k	fan Kijarri i a	e oggjaga a samana a	and the second		
Sharon Beaver Production Clerk	Sharon Beaver Production Clerk					By CREGGER CREET OF CHEST OF TON						
Title	Printed Name Title					Title						
August 7, 1990 915/683-4747 Title	Date	/ 0 0 0		e 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
- 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.