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

State of New Mexico Eucrgy, Minerals and Natural Resources Departme...

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

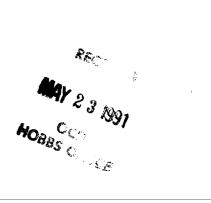
DISTRICT II P.O. Drawer DD, Anteria, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

L.			7170	OIT OIL	71110 1111	011/12/0/	· · · · · · · · · · · · · · · · · · ·				
Operator								API No. 025 12328			
								023 12328			
Address P. O. Box 730 Hobbs, Nev	. Mavias	0004	^ ^:	-00							
P. O. Box 730 Hobbs, Nev Reason(s) for Filing (Check proper box)	Mexico	0024	U-28	028	X Oth	r (Please expla	in)				
Vew Well Change in Transporter of: EFFECTIVE 6-1-91											
Recompletion	Oil		Dry								
Change in Operator	Casinghea	d Gas 🔲	Con	densate 🔲							
If change of operator give name Texas	co Produ	icina In		P. O. Bo	x 730	Hobbs. Nev	v Mexico	88240-2	2528		
II. DESCRIPTION OF WELL											
Lease Name Well No. Pool Name, Including								Kind of Lease State, Federal or Fee		ease No.	
WEST DOLLARHIDE DRINKARD UNIT 43 DOLLARHIDE T								STATE		10	
Location Unit Letter B	: 660		_ Feet	From The NO	RTH Lin	and1980	, Fe	et From The	EAST	Line	
20 046 - 295					ND (TD (i EA	LEA County		
Section 32 Township	, 24	45	Ran	ge SEE	, N	MPM,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU	RAL GAS		isk same	l name of this f	arm is to be s	ent)	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) INJECTOR											
Name of Authorized Transporter of Casinghead Gas or Dry Gas INJECTOR					<u> </u>		ich approved	copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	A Rge.	Is gas actually connected? When			7			
If this production is commingled with that i	rom any oth	er lease or	pool,	give comming	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Wel	1	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Rea'v	
Date Spudded	Date Comp	pl. Ready t	o Proc	i.	Total Depth	L	· · · · · · · · · · · · · · · · · · ·	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	pth Casing Shoe		
	7	UBING	, CA	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								 			
	ļ							 			
V. TEST DATA AND REQUES	T FOD A	IIOW	ARI	F				ــــــــــــــــــــــــــــــــــــــ			
V. 1651 DATA AND REQUES OIL WELL (Test must be after n	econery of to	ani walum	e of loa	ad oil and must	be equal to or	exceed top allo	wable for the	is depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Te		. 47			ethod (Flow, pu					
	Date of Ica										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
_								Con MCC	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Our MOI			
GAS WELL					TBC) A-2	······································		Consider of	Condenser		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	<u> </u>		D	ANTOTO	\r			1			
VI. OPERATOR CERTIFIC						OIL CON	ISERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						JUN 0 3 1991					
is true and complete to the best of my knowledge and belief.					Date	Approve	Ч	OOIA	0 133	1	
,					Dale	y whhiche	—				
Im Mille	D.,			. ~.							
Signature					By -	By Drig. Signed by Paul Kautz					
K. M. Miller Div. Opers. Engr. Printed Name Title					Title Geologist						
May 2, 1991			-688	-4834	Inte						
Date		Tel	lephon	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 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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