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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		TO TRA	ANSF	OF	RT OIL	AND NA	UH	IAL GA		-11 A F	SI No.			
Operator RB Operating Comp	าลกุง								We	eu Af	PI No.			
Address				-										
2412 N. Grandview Reason(s) for Filing (Check proper box)	, Suite	201,	0des	ssa	, Texa			ease explai	in)					
New Well		Change is	n Trans	porte	r of:		.ı (ı	case expan	 ,					
Recompletion	Oil		Dry (_		Eff	ect	ive j	June	1.1	989			
Change in Operator	Casinghea	ad Gas	Cond		te 🗌					- ,				
	ding & H	Bates 1	Petro	ole	um Co	., 2412	N.	Grandy	view,	Su	ite 201	. Odess	a, Tx. 79	
I. DESCRIPTION OF WELL														
Lease Name	Well No. Pool Name, Includ										Lease		.ease No.	
Mosley		l Justis Bli					inebry				ederal or Federal	<u> </u>		
Location														
Unit Letter P	:33	30	_ Feet	Fron	n The _Se	outhLin	e and	330	1	Fee	t From The.	East	Line	
24 T	.:_ 2/	. c	Daga		2.	אר אד אדל א ד	мрм.	Tod	•				County	
Section 34 Towns	nip <u>24</u>	+5	Rang	ţe		7E , NI	VIFIVI,	. Lea	<u>1</u>				County	
II. DESIGNATION OF TRA	NSPORTE			ND	NATU	RAL GAS								
Name of Authorized Transporter of Gil or Condensate Gitgo Petroleum Corporation							Address (Give address to which approved copy of this form is to be sent)							
Gitto Petroleum Corporation Name of Authorized Transporter of Casinghead Gas X or Dry Gas							P.O. Box 3758, Tulsa, Ok. 74102 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casi El Paso Natural Gas	X	or D	ıy U	45	P.O. Box 1492, El Paso,									
If well produces oil or liquids,		Unit Sec. To			Rge.	ls gas actually connected? Wh								
ive location of tanks.	P	34	24	i	37	Yes			i_		964			
f this production is commingled with the	t from any ot	•		give	commingl									
V. COMPLETION DATA						1 :	1		1 -	₁		lo s	him n	
Designate Type of Completion	n - (X)	Oil We	eli	Ga	s Well	New Well] Wo	orkover	Deepe	en	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		npi. Ready	to Prod			Total Depth	J		L	1	P.B.T.D.	1		
San operation		,											_	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay					Tubing Depth			
											Depth Casing Shoe			
Perforations											Depui Casi	ing Stroc		
		TURING	CA'	SIN	GAND	CEMENTI	NG	RECOR	D		I			
HOLE SIZE		ASING &						PTH SET				SACKS CEI	MENT	
TIOLE OILE	<u> </u>													
												<u> </u>	<u> </u>	
						-								
- mnom p. m Np ppoli	COT FOR	41100	I/A DI	E							<u></u>			
V. TEST DATA AND REQUIDIL WELL (Test must be after	ESTFOR	ALLUY	V ABL	i t Idail	l and must	he equal to a	* ***	ed top allo	owable fo	or this	depth or be	for full 24 ha	ours.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T		æ 0j 100	04	. wrst //146)!	Producing N						· ·		
	Jane Or 1							·						
Length of Test	Tubing P	Tubing Pressure					Casing Pressure					Choke Size		
											Gas- MCF			
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.					Water - Bbls.							
						1					1			
GAS WELL Actual Prod. Test - MCF/D	I ength o	f Test				Bbls, Conde	nsate	MMCF			Gravity of	Condensate		
ACIUAI PTOG. 1881 - MCP/D	Lengui o	Length of Test					Bbls. Condensate/MMCF							
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					Choke Size			
VE TOTAL														
VI. OPERATOR CERTIF	CATE O	F COM	1PLL	AN	CE			001	JOE	3 17	A T I _ N I	יאוער	ON!	
I hereby certify that the rules and re-	gulations of th	ne Oil Cons	servatio	Ð			UIL	_ UUI	ハンド	7 V /		DIVISI		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							OCT 2 5 1989							
is true and complete to the best of m	iy knowjeage	and belief.	•			Dat	e A	pprove	ed		001	~ .0		
Tony to	my 2	e7_												
Signature	e / /	1				∥ By₋			ORIG	INA	L SIGNED	BY JERRY	SEXTON	
Larry Rampey		ice Pr			<u>. </u>					D	ISTRICT I	SUPERVIS)Ķ	
Printed Name		010) 1	Titl	-	,	Title	e							
June 21, 1989 Date	(918) 4 1	92-0 Felephor											
Date				~	- ·									

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.

ch need in multiply completed wells