Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

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

63410

| DISTRICT III | | Sai | nta Fe, | New Me | XICO 8/304-2088 | | | 6341 | 10 | | |
|--|----------------------------|----------------|------------|-------------|---|---|----------------------------------|--------------------|-----------------------------------|--------------|--|
| XXX Rio Brazos Rd., Aziec, NM 87410 | REQU | EST FO | OR ALI | LOWAB | LE AND AUTHO | RIZAT | ION | | | | |
| | 7 | OTRA | NSPC | RT OIL | AND NATURAL | .GAS | Well A | ol Na | | | |
| Pottic Royle & Stova | ttis, Boyle & Stovall | | | | | | Well A | ri No. | | | |
| ddress | | | | | 077 540 0700 | | L | | | | |
| | am, TX | 76450 |) | | 817-549-0780 Other (Please | explain) | | | | | |
| eason(s) for Filing (Check proper box) | | Change in | Transpor | ler of: | Outer (1 temps | Схравол | | | , | | |
| ecompletion | Oil | | Dry Gas | | | | | | | | |
| hange in Operator | Casinghead | 1 Gas 🚺 | Condens | ale 📗 | GAS TRANS | PORTER | EFFE | CTIVE 11 | /1/91 | | |
| change of operator give name ad address of previous operator | | | | | | | | | | ···· | |
| . DESCRIPTION OF WELL | AND LEA | ISE | | | •• | | | | | | |
| ease Name | Well No. Dool Name Include | | | | | ng Formation Kind of Sill, Yates, SevenRiver's | | | Lease Lease No. ederal or Fee N/A | | |
| B. M. Justis "B" | | 9 | <u> </u> | it, lan | sill, Yates, Se | venki | vers | | 1 | // | |
| ocation Unit LetterH | . 16 | 550 | Feet Fro | on The | N Lipe and | 99 | <u>0</u> F∞ | t From The | Ē | Line | |
| Omt Dettet | | | | | . m. em. e | Lea | | | | County | |
| Section 19 Townshi | p 25 | , <u>S</u> | Range | 37E | , NMPM, | Lea | | | | County | |
| II. DESIGNATION OF TRAN | SPORTE | R OF O | IL AN | NATU | RAL GAS | | | · | | | |
| Name of Authorized Transporter of Oil Y or Condensate | | | | | Address (Give address so which approved copy of this form is to be sent) P. O. Box 2648, Houston, TX 77252 | | | | | | |
| Shell Pipeline Compar Name of Authorized Transporter of Casin | ghead Gas | [X] | or Dry | Gas 🗍 | Address (Give address | to which | approved | copy of this form | n is to be see | nt) | |
| Sid Richardson C arbor | & Gaso | oline | Compa | ny | 201 Main St | reet, | Ft. V | lorth, IX | 76102 | <u> </u> | |
| If well produces oil or liquids, | Unit | Sec. | Twp. | • | le gas actually connect Yes | ed7 | When | <i>1</i> Unknow | 'n | | |
| ive location of tanks. I this production is commingled with that | (mm any oth | 19 | 255 | 38E | | | 1 | UNKIIOW | <u>u</u> | | |
| V. COMPLETION DATA | Itom any ou | let lease of | poor, gr | | | Cong. | | | | | |
| Dalama Timo of Completion | (V) | Oil Wel | ıı C | Gas Well | New Well Worko | ver | Deepen | Plug Back S | ame Res'v | Diff Res'v | |
| Designate Type of Completion Date Spudded | | pl. Ready t | o Prod. | ······ | Total Depth | ! | | P.B.T.D. | | <u>. J</u> | |
| Date special | | , | | | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of P | Producing P | ormation | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | rforations | | | | | | | | Depth Casing Shoe | | |
| | | | | | | | | | | | |
| 1101 5 0125 | _, | | | | CEMENTING RECORD DEPTH SET | | | SACKS CEMENT | | | |
| HOLE SIZE | - UA | ISING & T | UBING | 0146 | DEFIN | 1361 | | | IONO OLIM | <u> </u> | |
| <u> </u> | | | | | | | | | | | |
| | | | | | | | | • | | | |
| V. TEST DATA AND REQUE | ST FOR | ALLOW | ABLE | | | | | | | | |
| OIL WELL (Test must be after | recovery of I | otal volum | e of load | oil and mus | s be equal to or exceed t | op allowa | ble for thi | s depih or be fo | r full 24 hou | ors.) | |
| Date First New Oil Run To Tank | Date of To | est | | | Producing Method (Fi | low, pump | , gas lift, d | etc.) | | | |
| Length of Test | Tubing Pr | ressure | | | Casing Pressure | | | Choke Size | | | |
| | 110000 | Tuonig a coose | | | | | | la- Nat | | | |
| Actual Prod. During Test | Oil - Bbis | Oil - Bbis. | | | Water - Bbls. | | | Gas- MCF | | | |
| CARAWELI | | | | | | | | .1 | | | |
| GAS WELL Actual Prod. Test - MCF/D | Length of | Test | | | Bbls. Condensate/MM | icř | | Gravity of Co | ndensale | | |
| | | | | | • | | | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shul-in) | | | Choke Size | | | |
| W OPER ATOR CERTIFIC | 7.47775 (0) | | | ICE | - | | | J | | | |
| VI. OPERATOR CERTIFIC | | | | NCE | OIL | CONS | ERV | ATION E | 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 | | | | | JAN 07'92 | | | | | | |
| is true and complete to the best of my | | and belief. | | | Date App | roved | | UNAL | (92 | | |
| dun Ing | W | | | | | IOINI41 | SACIAIST | RY MARY S | EXTON | | |
| Signature Production Analyst | | | | | By OR | icetrus. Des | सम्बद्धाः । सिक्कार्यः | SIDMENTISON | | | |
| Kim Ligon Printed Name | rrc | juuct 10 | Title | aryst | Title | | | | | ••• | |
| January 3, 1992 817-549-0780 | | | | | | DEC | ODF | V OVII , | | DR 3019 | |
| Date | | Te | erephone i | NO. | PUK | KEL | <u>UK!</u> | ONL | , | 0 0 10 | |

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.

RECEIVED

APR 2 8 1993

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