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Appropriate District Office
DISTRICT I
P.O. Bcx 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

<b>4</b> •	,		11101	FOR LO	C WIND IAL	VI UNAL G	AS				
Operator Well .								1 API No. D 025 21413			
Address								025 21413	<del></del>		
P. O. Box 730 Hobbs, Nev	w Mexico	88240	0-25	28							
Reason(s) for Filing (Check proper box)			•			her (Please exp	•				
New Well Change in Transporter of: EFFECTIVE 6-1-91  Recompletion Dry Gas											
Recompletion	Oil Casinghead	□		Gas 🗀							
If change of operator give name Toyong log D. O. Doy 700											
and address of previous operator			вох	730	HODDS, Ne	w Mexico	88240-	2528	<del></del>	<del></del>	
II. DESCRIPTION OF WELL			<del></del>				l V:-	d of Lease		<del></del> -	
Lease Name Well No. Pool Name, Includi C C FRISTOE B FEDERAL NCT 2 10 JUSTIS TUBB							Stat	Kind of Lease State, Federal or Fee FEDERAL  Lease No. 244420			
Location		^	<del></del>					ZENAL			
Unit Letter P	: 60	<u>)                                    </u>	Feet	From The 2	euth u	with Line and 189 F			set From The <u>Fast</u> Line		
Section 26 Township	, 24S Range 37E				, N	, NMPM,			LEA County		
III. DESIGNATION OF TRAN		OF O		ND NATU				<del> </del>			
Name of Authorized Transporter of Oil Texas New Mexico Pipeline (	l l	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					1670 Broadway Denver, Colorado 80202  Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas Company					P. O. Box 1492 El Paso, Texas 79978						
If well produces oil or liquids, give location of tanks.					is gas actually connected? When YES				09/22/65		
If this production is commingled with that f	<del> </del>		Щ.		ling order num			037	22/05		
IV. COMPLETION DATA								1 6			
Designate Type of Completion		Oil Well	i_	Gas Well	New Well	Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	
Date Spudded	a Spudded Date Compl. Ready to Prod.				Total Depth	Total Depth			_		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
Perforations					<del></del>			Depth Casing	Depth Casing Shoe		
	77	IDDIC	C45	INC. AND	CEMENTI	NC PECOP	<u> </u>		<del></del>		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTI	DEPTH SET	<u></u>	SA	SACKS CEMENT		
TIOCE OILE	TIOLE GIZE GASHO GIZE										
			_				<del></del>	<del>- </del>			
V. TEST DATA AND REQUES	T FOR AI	LLOWA	BLF	<u> </u>	<u> </u>			J		J	
OIL WELL (Test must be after re					be equal to or	exceed top allo	owable for th	is depth or be for	full 24 hou	rs.)	
						ethod (Flow, pu	emp, gas lift,	etc.)			
Leagth of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
CACARRIA			<del></del>	<del></del>			·		,		
GAS WELL  school Prod. Test - MCF/D   Length of Test						Bbls. Condensate/MMCF			Gravity of Condensate		
ACUM FROM TEM - MICHID	renkni or test				bois. Canadams (Vilvie)						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION BUILDING						
I hereby certify that the rules and regulations of the Oil Conservation					11	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	Date Approved					
7. m. Willer						Date Approved					
Signature					By						
K. M. Miller Div. Opers. Engr.  Printed Name  May 7 1991  915 699 4934						Title					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.