Box 1980, Hobbs, NM 88240 DISTRICT II
P.O. Drawer DD, Artesia, NIM 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

DISTRICT III

1000 Rio Brizos Rd., Aztec, NM 87410 I.	REC	UEST F	OR A	LLOWA	BLE AND AUTI	HORIZA	TION	•				
Operator BABER WELL SERVICING COMPANY Address							AS Well API N. 30-025-21478					
												P.O. BOX 17
Resecu(s) for Filing (Check proper box) New Wall			· · · · · · · · · · · · · · · · · · ·	······································	Other (Plea	use explain)		· · · · · · · · · · · · · · · · · · ·				
Recompletion	Oil	Change i				•		. 1				
Change in Operator XX	Caningh	سا ⊐ Bad Gae	Dry G					1				
f change of operator give name and address of previous operator		K OIL 8			DOY 000	137000000			·			
•			x GAS	F.U	. BOX 828, A	ANDREWS	TX	79714				
I. DESCRIPTION OF WELL Lease Name	AND LI	SASE Well No.	Pool N	lama Inchy	ting Formation		1 P					
J.F. BLA	CK	6			Mattix Seven	Rivers		of Leave Federal or Fee	La	us No.		
Location		0.00				Queen		<u> </u>	I			
Unit Letter F	- :	2630	_ Feet Fr	rom The	FNL Line and	1340	F	set From The	FWL	Line		
Section 21 Townshi	P.	24S	Range	3	7E NMPM,	L	EA			County		
II DESIGNATION OF TOAN	CDADM	CD OF 0				Momm				·		
II. DESIGNATION OF TRAN	SPUKII	or Conde	IL AN	DNATL		NOTE:		JECTION WE		4)		
				<u> </u>	,	approved	d copy of this form is to be sent)					
Name of Authorized Transporter of Casin	phead Gas or Dry Gas			Ges 🗀	Address (Give addre	pproved	copy of this form is to be sent)					
f well produces oil or liquids,	Unit	Unit Sec.		Res	is gas actually connected?		When	When ?				
ive location of tanks.	<u> </u>											
this production is commingled with that: V. COMPLETION DATA	tom any or	ber lease or	pool, giv	re comming	ing order aumber:							
Designate Type of Completion	• •	Oil Well	i	Gas Well	New Well Works	over D	espsa	Plug Back San	e Res'v	Diff Res'v		
Date Spudded	mpi. Reedy to Prod.			Total Depth			P.B.T.D.					
levations (DF, RKB, RT, GR, etc.)	Name of I	Producing Fo	ormation		Top Oil/Gas Pay	Top Oil/Gas Pay			Tubing Depth			
erforations	L		·		<u> </u>		·····	Depti Casing Sh	06	· · · · · · · · · · · · · · · · · · ·		
		TUBING.	CASI	NG AND	CEMENTING RE	CORD				·		
HOLE SIZE		ISING & TU			DEPTH SET			SACKS CEMENT				
		···	·							······		
. TEST DATA AND REQUES IL WELL (Test must be after to												
bate First New Oil Rua To Tank	Date of To	MA VOILING	oj toda o	ni ana musi	be equal to or exceed a Producing Method (Fi	iop allowabi iow, pump, s	e jor thu eas lift, e	i depih or be for fu ic.)	il 24 hours.)		
earth of Total												
ength of Tes	elente elente			Casing Pressure			Choki Size					
tual Prod. During Test Oil - Bbls.					Water - Bbis.	Water - Bbis.			Gas-MCF.			
TA O STREET	<u></u>				<u> </u>							
GAS WELL COURT Prod. Test - MCF/D	Leagth of	Test			Internation of the			T				
	rendin or Lest				Bbls. Condensate/MMCF			Gravity of Condensals				
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Chokı Size					
L OPERATOR CERTIFIC.	ATE OF	- CO: C	T T A S S					<u> </u>	····			
I hereby certify that the rules and regula	tions of the	Oil Consen	Vation		OIL	CONSE	ERV	ATION DIV	/ISIO	J		
Division have been complied with and to is true and complete to the best of my k	hat the info	emation oil	evode ne		[.]							
mm	_/				Date Appr	roved _	N	AR 22 1	14			
Signature / /////////////////////					By Causia Al Signed by Jerry Sexton							
Signature G.A. BABER		PRES	SIDEN'	T	By	DISTR	RICT	SUPERVISOR	17.13.NA			
Printed Name 02/01/91	(505) 39	Title	16	Title							
Date			phone 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.