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

4.		TO THAN	250	H I OIL	ANU NA	I UHAL G	AS					
Operator	_						Well	API No.				
B C & D Operating				30-025-22788								
Address	L1	000/1										
P.O. Box 5926, Hol Reason(s) for Filing (Check proper box)	DDS, NM	88241				/DI						
New Well		Change in Tr		6		er (Please expl	ain)					
Recompletion	03	~	•	r oi:	EFFECTI	VF• Tur	ne 1, 19	03				
	Oil	,	ry Gas		Brrbott	vii. Jui	ie 1, 15	93				
Change in Operator X	Casinghea	d Gas [] Co	ondensa	le			 					
and address of previous operator			Inc	., P.	0. Box 5	926, Hob	bs, NM	88241				
II. DESCRIPTION OF WELL	AND LEA	ASE										
Lease Name	Well 110. 1001 Walle, Include									of Lease Fee Lease No.		
Henry					CCIA DCVCII RIVCID			, Federal or Fee				
Location		Q	ueen	Grey	berg							
Umit Letter K	_ :	1980 Fe	et From	The	South Line	and 19	80 E	et From The .	West	Line		
							··············	et i ioni ine .				
Section 26 Townshi	ip 259	S Ra	inge	37E	, NN	ирм, І	ea			County		
III. DESIGNATION OF TRAN	<u>ISPORTE</u>			NATU								
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Shell Pipe Line Co.						P.O. Box 1319, Midland, TX 79701						
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)											
	Sid Richardson Gasoline Co.						Ft Wort	h, TX 7	6102			
If well produces oil or liquids,	Unit Sec. Twp. Rge.					connected?	When	7				
give location of tanks.	C	26 2	5S j	37E	Yes		j 1	2/10/76				
If this production is commingled with that	from any oth	er lease or poo	l, give o	ommingl	ing order numb	er:						
IV. COMPLETION DATA	•	•	. •	•						•		
		Oil Well	Gas	Well	New Weli	Workover	Deepen	Ding Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	1			1 1000 1101 1	WOLKOTE	l rechen	i Link Dack	124tile Ker A	Pill Kesv		
Date Spudded	Date Comr	al. Ready to Pro	νl.		Total Depth		<u></u>	1	<u> </u>	<u> </u>		
•			-					P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas P			T	This Date							
, , , , , , , , , , , , , , , , , , , ,		-,		Tubing Dep	runing Depth							
Perforations				Depth Casin	g Shoe							
								Depar Casin	g Silve			
	т	TIRING C	SINC	AND	CEMENTIN	IC PECOD	D	<u> </u>				
HOLE SIZE	TUBING, CASING AND (CASING & TUBING SIZE				DEPTH SET			CACKO OFFICIAL				
11000 0100	CASING & TUBING SIZE				DEP IN SET			SACKS CEMENT				
	 							- 				
	+							 				
	 							1				
V. TEST DATA AND REQUES	T FOD A	LLOWAD	E		L			<u> </u>				
OIL WELL (Test must be after re Date First New Oil Run To Tank			od oil	and must					for full 24 how	rs.)		
Date First New Oil Kun 10 lank	Date of Tes	1			Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)				
Land of Tax	 								·			
Length of Test	Tubing Pressure				Casing Pressur	re		Choke Size	Choke Size			
							-					
Actual Prod. During Test	ng Test Oil - Bbls.				Water - Bbls.			Gas- MCF				
							· · · · · · · · · · · · · · · · · · ·	<u> </u>				
GAS WELL												
Actual Prod. Test - MCF/D	Length of T	esi			Bbis. Condens	ale/MMCF		Gravity of C	ondensate			
	•											
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI ODED ATOD CEDTIFIC	ATTE OF	COLEN	4370					J				
VI. OPERATOR CERTIFIC				E			ICEDV	ATIONI		NA I		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above					Date Approved SEP 1 6 1993							
is true and complete to the best of my knowledge and belief.					Date	Approve	d SEP	T 0 1333				
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Normal HU					D	OBIGINAL	SIGNED D	Y JERRY SI				
Signature Donnie Hill President					Ву			PERVISOR	EATUN			
Printed Name		Pres:		-		619	- NICI 13L	HER VIOUR				
5/23/93		392-2		ļ	Title_	·				~		
Date		Telephor										
					,							

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.



JUN 21 1993

COD HOBBS