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

## State of New Mexico Et. \_y, Minerals and Natural Resources Departmen.

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 TRANSPORT OIL AND NATURAL GAS

		10 111/	7110	OITI OI	C VIAD IAV	TI UNAL G					
Operator  Full Full (2) (2) (2) (2)									API No.		
Address  P.O. Box 3240 Fildernd Tx. 79								30-025-23600			
7.0. Bx 3240	j-1	INCAN	6 7	בי א	7702						
Reason(s) for Filing (Check proper box)		TUCHTO!	, ,	<u>/· /</u>		her (Please exp	lain)				
New Well											
Recompletion											
Change in Operator	Casinghea	id Gas 🔲	Cond	lensate							
If change of operator give name and address of previous operator											
• •											
II. DESCRIPTION OF WELL	AND LEA		T						· · · · · · · · · · · · · · · · · · ·		
Lease Name Well No. Pool Name, Including Formation  Well No. Pool Name, Including Formation  Kind of Lease State Federal or Fee										ease No.	
Location		/			71511	=> /161	VE /2   5-11		LC0	32582H	
Unit Letter	. /	980	East	Emm The	10/	ne and $\frac{19}{}$	80 -		1.1		
Oint Letter			_ reet	riom the				eet From The		Line	
Section / Townshi	, 25	>	Rang	e 3	6E,N	МРМ,	CEA			County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU		· · · · · · · · · · · · · · · · · · ·					
Name of Authorized Transporter of Oil or Condensate  = N'KCN Dil Rading & Transporter						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas						ENRUS P.C. Box 1188, Hussia, 7x 77251-1188 1717: EB 1570  Address (Give address to which approved copy of this form is to be sent)					
SIBRICHARDSON (A)		5	0.0.	y Cas	Audiess (UI	ve adaress to w	nich approved	copy of this	form is to be se	ent)	
If well produces oil or liquids,							Is gas actually connected? When ?				
give location of tanks.	ici		نع		Y	e5	i	NII			
f this production is commingled with that	from any oth	er lease or	pool, g	rive comming	ling order num	ber:					
IV. COMPLETION DATA	<del></del>			<del> </del>	-,						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	• •	l. Ready to	Prod.		Total Depth	<u> </u>	<u> </u>	DDTD	<u> 1</u>		
Date Spudded Date Compl. Ready to Prod.								P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe					
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE											
HOLE SIZE CASING &				SIZE	DEPTH SET			SACKS CEMENT			
						·					
V. TEST DATA AND REQUES					·			.1			
OIL WELL (Test must be after re	covery of to	tal volume	of load	oil and must					for full 24 how	rs.)	
Date First New Oil Run To Tank	Producing M	ethod (Flow, pu	υπφ, gas lift, e	tc.)							
Length of Test	Tubing December 1				Ci D			Choke Sine			
cougai of rea	Tubing Pressure				Casing Press	ıre		Choke Size			
Actual Prod. During Test Oil - Bbls.					Water - Bbls.		-n	Gas- MCF			
GAS WELL					I			1			
Actual Prod. Test - MCF/D	·					sate/MMCF		Gravity of C	Ondensate	<del></del> _	
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA				NCE							
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 is true and complete to the best of my knowledge and belief.						8 U.S. O. O. O.O.					
A D					Date	Approved	b	)ŲA	6 0 6 '92		
Would Keler											
Signature DAVID ROSEN Vice President					By_	By ORIGINAL SIGNED BY IEDDO COLUMN					
DAUTO KOJEN Vice President					DISTRICT I SUPERVISOR						
Printed Name  Title  \$13.497  \$15-571-6959					Title						
Date			phone I		11		-				

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
- 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.