Submit 5 Copies Appropriate District Office DISTRICT I	State of Ne Energy, Minerals and Natur		Form C-104 Revised 1-1-89 See Instructions
D. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION			at Bottom of Page
P.O. Drawer DD, Artesia, NM 88210	P.O. Bo Santa Fe, New Me		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWAB TO TRANSPORT OIL		ON
I. Operator	TO TRANSPORT OIL	AND NATURAL GAS	Well AFI No.
D-Mil Production,	Inc.		30-025-24154
Address PO Box 49 Argyle T	X 76226		
Reason(s) for Filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
New Well     Recompletion	Oil 🛛 🕅 Dry Gas		
Change in Operator	Casinghead Gas Condensate		
If change of operator give name and address of previous operator			
II. DESCRIPTION OF WELL A	Well No. Pool Name, Includir	ne Formation	Kind of Lease No.
Vance "30"		le Devonian	SARX MEXIX or Fee
Location			s s m West lue
Unit Letter <u>M</u>	:660Feet From The	South_Line and990	Feet From The West Line
Section 30 Township	24S Range 38E	, NMPM, Lea	County
III. DESIGNATION OF TRANS	SPORTER OF OIL AND NATU	RAL GAS	
Name of Authorized Transporter of Oil	X or Condensate		oproved copy of this form is to be sent) 48 Houston TX 77210-4648
Scurlock Permian C Name of Authorized Transporter of Casing Aca Auchunder	head Gas 🔂 or Dry Gas 🗌	Address (Give address to which a	pproved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When ?
	N 30 24S 38E rom any other lease or pool, give commingli	ing order number:	7.1-2.1.7.2
IV. COMPLETION DATA			eepen - Plug Back   Same Res'v - Diff Res'v
Designate Type of Completion		1 1 1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	( P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUDING CASING AND	CEMENTEINC RUCOUD	· · · · · · ·
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES	T FOR ALLOWABLE		
OIL WELL (Test must be after r	ecovery of total volume of load oil and must	be equal to or exceed top allowabl Producing Method (Flow, pump, )	'e for this depth or be for full 24 hours.) yas lift, etc.)
Date First New Oil Run To Tank	Date of Test		Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL		1	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE		ERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			JUL 0 8 '92
is use and complete to the best of my		Date Approved	a: mad by
		Ву	Orig. Signed by Paul Kautz Geologist
Signature WDale-Miller Printed Name	President & Secretar	Title	Geologist
7/2/92 Date	<u>(817)464–3426</u> Telephone 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.