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

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TOTHA	ANSP	OHT O	IL AND NA	TURAL					
· ·		ME	RIDI	IAN O				ell API No. 0-025-24479			
Address			P. (). ВО	X 51810	. MIDI	AND T	Y 7971	01810		
Reason(s) for Filing (Check proper	box)							. / / / 1	01010		
New Well	•	Change in	T			her (Please e	хріаіл)				
Recompletion	Oil	Citatige II									
Change in Operator X	_		Dry Ga								
If change of operator give name	Casingh		Conden								
and address of previous operator	UNION TEX		COLEUI	M, P.C). BOX 21	20, HOU	ISTON, TY	77252			
II. DESCRIPTION OF W	ELL AND LI		(D1)								
Langlie Jal Unit		24			ding Formation lattix (S			Federal de F		case No.	
Location			Batte	5110 1	actix (5	NQ)			8910	115870	
Unit Letter 0	:6	60	Feet Fro	on The _	_SLin	ne and	880	Feet From The	E	• .	
Section 32 To	wuship 2	4S	D	37			_	eet From The		Line	
			Range			MPM,	Lea		<u> </u>	County	
III. DESIGNATION OF T	RANSPORT	ER OF OI	L ANI) NATU	RAL GAS	In	ectio	9n			
1 ame of Verroriser 11sms bottes of		or Conden	ente [Address (Giv		which approve	d copy of this	form is to be se	ent)	
Shell Pipeline Con Name of Authorized Transporter of	Comment Com				P.O. Bo	x 2648,	Houston	, TX 77	252		
S1d Richardson Car	₹	or Dry C	325 <u> </u>	Address (Give address to which approved 201 Main Street, Ft. W			d copy of this form is to be sent)				
If well produces oil or liquids,	Unit		Twp.	Pos	is gas actuali				76102		
give location of tanks.	i	i i	-	1		•	Whe	n ?			
If this production is commingled with	that from any ot	her lease or p	ool, give	comming	ling order numi	ber:	<u> </u>				
IV. COMPLETION DATA							7		 -		
Designate Type of Complete	tion - (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Co		pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Produci					Top Oil/Gas Pay						
				Tup Cis Cas ? ay			Tubing Depth				
Perforations								Depth Casin	g Shoe		
	· 							,	•		
LIQUE DIZE		UBING, (CASIN	G AND	CEMENTIN	NG RECO	RD	·			
HOLE SIZE	CA	SING & TUE	NG SIZ	ZE	DEPTH SET			SACKS CEMENT			
								1			
. TEST DATA AND REQU	IEST FOR A	LLOWAI	DI E								
IL WELL (Test must be af	er recovery of to	tal volume of	ilond ail	and	ha amintai						
Date First New Oil Run To Tank	per recovery of to	t	1000	and must	Producing Met	hod (Flow s	lowable for this	depth or be for	or full 24 hours	r.)	
					. rouseing tries	μου (Γ'10π, ρ	wrip, gas 191, e	ic.)			
ength of Test Tubing Pressure					Casing Pressure			Choke Size			
ctual Prod. During Test Oil - Bhie											
From During 1680	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL								i			
ctual Prod. Test - MCF/D	Length of T	est			Bbis. Condens	15 A A 16 E		- (0			
						INE MINICIP		Gravity of Co	adensale		
sting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
7 0000	· · · · · · · · · · · · · · · · · · ·										
I. OPERATOR CERTIF	ICATE OF	COMPL:	IANC.	E	_				· · · · · · · · · · · · · · · · · · ·		
I hereby certify that the rules and re	guiations of the C	dil Conservati	ion		0	IL CON	ISERVA	TION [IVISIO	V	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved 06T 28 1991						
/	/ /	oener.			Date A	Approve	d		20 191		
	145.										
Signature					By ORIGINAL SIGNED BY JERRY SEXTON						
Breed News L Percet Producted					,		DISTRICT	SUPERVISO	·R		
Printed Name Title					Title_						
Date	7191 68	5-67°C	ý.		11116				,		
		Telepho	US NO.	- 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 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 multy v completed wells.

OCT 11 1991

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