anni a Comer DOTOONALE LINEAR Office

3.0. Box 1980, Hobbs, NM 53240

Late of New Mexico Energy, Minerais and Natural Resources Department

OIL CONSERVATION DIVISION

orm C-104

Revised 1-1-89 See instructions

P.O. Box 2088

2.0. Drawer u.D. Artena, n.M. 88210 58228 Santa Fe. New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Azzec, SM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS . De l'allo eli Ari No 30-075- 2656300 <u>ERIDIAN</u> Jaress 797<u>10-181</u> MIDLAND, BOX 51810, Reason(s) for Filing (Check proper poxi ther if lease explains New Well To correct Gas Gatherer from El Paso Natural Recompteuor Oil Dry Gas = Gas Co. to Sid Richardson Carbon & Gasoline Change in Operator Condensate Caringh If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE Leage Name Well No. | Pool Name, including Formation Kind of Lease Santa JolAat 1 7. PSule. Federal bi Fee 10-15-1 Unit Letter Feet From The Feet From The 37.E cea Range NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate or Dry Gas Name or Authorized Transporter of Casingness Gas Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gasoline <u> 201 Main Street</u> Worth If well produces ou or liquids. Sec. When ? Unit Rge. 1 is gas actually connected? give location of tanks. 400 If this production is communical with that from any other lease or pool, give communging order number: IV. COMPLETION DATA - 1-11 Oil Weli New Well | Workover Gas Well Deepen Plug Back | Same Res'v Diff Res v Designate Type of Completion - (X) Date Spudded Date Compt. Ready to Prod. Total Depth P.B.T.D. Elevations (DF. RKB, RT. GR. etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Depth Casing Shoe TUBING. CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Test must be after recovery of total volume of load oil and m ust be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Choke Size **Tubing Pressure** Casing Pressure Actual Prod. During Test Gas- MCF Water - Bbls. Oil - Bhis. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (puot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above FEB 05'92 is true and complete to the best of my knowledge and belief. Date Approved . Com

915-688-6891

Signature

<u>Connie L.</u>

Printed Name

1/22/92

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.

By GRIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APR 30 1993

- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections L. 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.

Regulatory Compliance Rep

Title

Telephone No.

RECEIVED

APR 28 1993

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