	State of Ne Energy, Minerals and Natu					es Departme	ent	Form C-104 Revised 1-1-89 See Instructions			
2) <u>57771771</u> 2.O. Box 1980, Hobbi, NM 88240 2) <u>5777171</u>		OLC				DIVISIO	N		at Botto	of Page	
2.0. Drawer DD, Artesia, NM 88210		San			ox 2088 exico 875(	)4-2088					
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 I.						AUTHORIJ TURAL GA					
Operator	2022		-0.				Well	0-025	- 27/	76	
Address	<u> </u>		AND		- tr A	<u>ح ک</u>	9702				
$\frac{N}{Reason(s) \text{ for Filing (Check proper box)}}$	0	·		(		er (Please expla	іл)				
New Well	Oil		Fransporter o Dry Gas								
Change in Operator 2	Casinghea	d Gas	Condensate B.D.U.1	<u>  </u> v-0	Box	590	M.D.	LAND	<u> </u>	9702	
I. DESCRIPTION OF WELL	AND LE	ASE	1201	<u> </u>		,	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			- <b>.</b>	
Lease Name J. H. McCLuRA	0	Well No. 22	Pool Name, I Dollaro		ing Formation $DE QL$	IEEN		of Lease Federal of Fed		саве No. 6189	
Location Unit Letter		50	Feet From T	he	SOUTH Lin	e and <u>66</u>	6 Fe	et From The ,	EAS	<u>Line</u>	
Section / 9 Townsh	ip 24	S	Range c	38	Έ <u>,</u> Ν	мрм, С	LEA			County	
II. DESIGNATION OF TRAI	SPORTE	R OF OI	L AND N	<u>atu</u>	RAL GAS		14	17			
Name of Authorized Transporter of Oil or Condensate					Address (Give address 10 which approved copy of this form is to be sent) BAX1558 BRECKENRIDGE TX 76024						
Name of Authorized Transporter of Casin	of Authonized Transporter of Casinghead Gas or Dry Gas							copy of this form is to be sent) WARTHTY 76102			
SID RICHARD SON CI If well produces oil or liquids,	Unit Sec. Twp. Rge			Rge.	Is gas actually connected? When			1 7			
pre location of tanka. I this production is commingled with that				<u>8E</u>		ber:		31-82			
V. COMPLETION DATA		Oil Well	Gas W		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i			Total Depth	I		   P.B.T.D.	l		
Date Spudded		Date Compl. Ready to Prod.				Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation								Depth Casing Shoe		
Perforations									g 31100		
	TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE											
	T FOD /		<u> </u>								
V. TEST DATA AND REQUE DIL WELL (Test must be after	ST FOR F	scal volume o	fload oil and	d musi	be equal to or	exceed top allo	wable for thi	s depih or be j	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Te	a			Producing M	ethod (Flow, pu	vrip, gas lýl, i	<i></i>			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					<u></u>			·····			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
. esting Method (pitor, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu	CATE OF	COMPI			(		ISERV.	ATION		N	
I hereby certify that the rules and regulation Division have been complied with and is true and complete to the best of my	that the info	rmation giver	above	•		Annrove	d				
( = )					Date Approved Urig. Signed by, By Paul Kautz						
Signature GRAY ENGINEER Printed Name 11-2-92 915-685-0113					By Baul Kautz Geologist						
Printed Name	air	-69-	Tille 01/2		Title						
<u>//- L - 7 C</u> Date	Date Telephone No.					and the second second	444 S	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	en anne anne anne a	en a compañía de la c	
INSTRUCTIONS: This for	m is to be	filed in co	mpliance	with	Rule 1104						
INSTRUCTIONS: This for 1) Request for allowable for with Pule 111	newly dri	lled or dee	pened wel	l mus	st be accom	panied by tab	oulation of	deviation te	ests taken ir	accordance	

Request for anowable for newly while or deependent with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.