Submit 5 Conies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departm

OIL CONSERVATION DIVISION

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

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

DISTRICT III

I.				- ALITHOR			4 !
		FOR ALLOV RANSPORT				l	4-12-93
Operator Porte Mill	<	2	JIE AND N	TIONAL	Wel	API No.	
ddress	<u> </u>	<i>y</i>		<del></del>	30	-025-27664	1 /
eason(s) for Filing (Check proper box	Midlan	d TX				<del></del>	
ew Well		in Transporter of:		ther (Please exp	lain)		
ecompletion   hange in Operator	Oil [	Dry Gas					
change of operator give name	Casinghead Gas	Condensate [					<del></del>
od address of previous operator	<u>Mendi</u>	v pi	1 Inc				
L DESCRIPTION OF WELL		o. Pool Name, Inc	huding Formation	<u> </u>	Kind	of Lease	<del></del>
Justis Christmas	1		ansill Ya		State	Federal of Fee	Lease No.
Unit Letter	. 2225	Frank Port of Mar	N	790			W
20	25-S	Feet From The	——— Ы '-Е	ne and		eet From The	
Section 20 Towns	hip 23-3	Range 37	<u>-E</u> , <u>!</u>	MPM,	Lea		County
I. DESIGNATION OF TRA lame of Authorized Transporter of Oil	NSPORTER OF	OIL AND NAT	TURAL GAS				
		ensate	Address (G	we address to w	tick approve	copy of this form	us to be seru)
ame of Authorized Transporter of Casi Sid Richardson		or Dry Gas (XX		we address to wi	uch approved	copy of this form	is to be sent)
well produces oil or liquide	Unit Sec.		ge.   is gas actual	<u>um stree</u>	t, Fort	worth, 1)	76102
e location of tanks.	<u> </u>	i i	Ye	S	When		1-82
his production is commingled with that COMPLETION DATA	at from any other lease or	r pool, give commi	ngling order nun	ber:			
Designate Type of Completion	Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back San	ne Res'v Diff Res'
4 Spudded	Date Compt. Ready to	o Prod.	Total Depth	<u> </u>			E KES V DIII KES
THE PART OF THE PA						P.B.T.D.	
rations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth	
forstions	<del></del>	<del></del>	<u> </u>			Depth Casing Sh	
	TURING	CASING AND	CEMENTO	VC PECON			
	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET				
HOLE SIZE				DEPTH SET		SACI	C CENEUT
HOLE SIZE				DEPTH SET		SACH	(S CEMENT
HOLE SIZE				DEPTH SET		SACH	(S CEMENT
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TEST DATA AND REQUES L WELL (Test must be after n	CASING & TU	JBING SIZE			while for this		
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TEST DATA AND REQUES  WELL Test must be after no First New Oil Run To Tank gth of Test	ST FOR ALLOWA	JBING SIZE	n be equal to or Producing Me	exceed top allow	p, gas lift, el	depth or be for ful c.)	
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TEST DATA AND REQUES L WELL Test must be after re s First New Oil Run To Tank gth of Test all Prod. During Test S WELL all Prod. Test - MCF/D	CASING & TU	JBING SIZE  ABLE  of load oil and mu	Producing Me Casing Pressur Water - Bbls.	exceed top allow thod (Flow, pure)	p, gas lift, eu	depth or be for ful c.) Choke Size Gas- MCi'	il 24 hours.)
TEST DATA AND REQUES WELL Test must be after no First New Oil Run To Tank sth of Test  at Prod. During Test  S WELL  ti Prod. Test - MCF/D  g Method (puot, back pr.)	CASING & TU	JBING SIZE  ABLE of load oil and mu	Producing Me Casing Pressur Water - Bbls.	exceed top allow thod (Flow, pure)	p, gas lift, eu	depth or be for ful )  Choke Size  Gas- MCI	il 24 hours.)
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TEST DATA AND REQUES	CASING & TU	ABLE of load oil and muc	Producing Me Casing Pressur Water - Bbis.  Bbis. Condense Casing Pressur O Date	exceed top allow thod (Flow, premise)  LECONS  Approved  Urig.:  Paul	SERVA	choke Size  Gas-MCi  Gravity of onder  Choke Siz  APR 2 2	124 hours.) sais

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.

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-10° must be filed for each pool in multiply completed wells.