Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO	TRANS	PORT OIL	AND NAT	UHAL GA	S Well Al	51 No			
Operator FANIR BR				025-30420						
Address BOX 590		1DLA.	UD T	EXA.	5 7	9702				
Reason(s) for Filing (Check proper box)				Other	r (Please expla	in)				
New Well	C	hange in Tran								
Recompletion	Oil	Dry	Gas U							
Change in Operator	Casinghead			12 4	590	mini	AND	Y-x 7	9702	
change of operator give name address of previous operator	RL 1	Z. B.	RUNO	100 X	3 10	// [/N C	-717	1_101		
II. DESCRIPTION OF WELL A	AND LEAS	SE	l Name, Includin	- Farmation		Kind o	Lease	La	ase No.	
Lease Name H. McCLURE	DE QUEEN State Federal of Fee NM 10189									
Location Unit Letter	: 600	Fee	From The W	DRTH Line	and _660	/ Fox	et From The 🚄	7457	Line	
Section 30 Township	245	Rar	18c 380	, NA	ирм, С	EA_			County	
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATUI	RAL GAS	44-4-0 (0)	hick approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent) BAXITS BRECKENRIBGE TX 76024					
KOCH OIL COMPANY				Address (Giv	e address to w	hick approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Casing	of Authorized Transporter of Casinghead Gas					T FT	WORTHTX 7610Z			
SID RICHARDSON CA	Unit Sec. Twp. Rge.			When '			7			
If well produces oil or liquids, give location of tanks.	7	19 12	45138E	YES			31-82			
If this production is commingled with that f	rom any othe	r lease or pool	, give commingli	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	D. duta Dea		Total Depth	L	<u></u>	P.B.T.D.			
Date Spudded	Date Compl. Ready to Prod.			•			T. Line Deat			
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe			
Perforations	ļ=						Depth Casin	z 200e		
TUBING, CASING AND				CEMENTING RECORD						
1015 6175	TUDING CITE			DEPTH SET			<u> </u>	SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE						 			
				ļ						
				<u> </u>			-			
		T L OWAR	i ic	<u></u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	LLUWAB.	L.E. and ail and must	be equal to or	r exceed top all	owable for thi	s depth or be j	for full 24 hos	urs.)	
OIL WELL (Test must be after r	Date of Tes	al volume of the	did bit dies in ac-	Producing M	lethod (Flow, p	ump, gas lift, i	etc.)			
Date First New Oil Run To Tank										
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
	Oil - Bbls.			Water - Bbls.			Gas- MCF			
Actual Prod. During Test	J									
GAS WELL				Table Coade	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bols. Condensato Wilvio.						
l'esting Method (pitot, back pr.)	Tubing Pre	ssure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
	LATE OF	COMPL	IANCE	1	011 000		ATION	חווופוי	⊃NI	
VI. OPERATOR CERTIFIC	lations of the	Oil CouseLAst	ion .		OIL CO	NSEHV	AHON	! ۱۸۱۵۱۱		
n the base complied with and	that the intor	MARGOR RIVER	above	Dot	e Approve	ed	· -	1		
is true and complete to the best of my	MIOMICORE M			Date	a whhiovi					
						Orig.	Signed by	•		
Signature GRAY ENGINEER Printed Name 715-685-011				By Orig. Signed by Paul Kauts Geologist						
Printed Name		T.	ille	Title						
11-2-92	915	-685-c	one 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
- 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.