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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 at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088  Santa Fe, New Mexico 87504-2088										
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATIO								63060			
I.						AUTHORI. TURAL G/					
Operator				1 011	LAND NA	TORALGA	Well	API No.			
Address	RIDIAN	OIL	INC.				30-	025-3088	33		
P. Reason(s) for Filing (Check proper box)	0. BO	X 518	10, MI	DLA	ND, TX	797101	810				
New Well			Transporter of		Oth	et (Please expl	iin)				
Recompletion  Change in Operator	Oil		Dry Gas								
If change of operator give name			Condensate		·				· · · · · · · · · · · · · · · · · · ·		
and address of previous operator UN.			ROLEUM,	P.0	. BOX 21	20, Hous	ton, TX	77252			
II. DESCRIPTION OF WELL Lease Name	AND LEA		Pool Name	Industi	ing Formation		. V:- 1	-61	<del></del>		
Langlie Jal Unit		114			attix (S	RQ)	State	of Leage Federal or Fed		<b>238 No.</b> 115870	
Location Unit Letter B	1.0	70				24.0					
Unit LetterB	_:12	70	Feet From T	pe —	N Line	and260	<u> </u>	et From The	Е	Line	
Section 5 Townshi	ip 25	S	Range 3	37E	, N	ирм,	Lea	<del></del>		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AND N	ATU	RAL GAS						
Name of Authorized Transporter of Oil X or Condensate Shell Pipeline Company					Address (Giv	e address to wh		enu)			
Name of Authorized Transporter of Casinghead Gas			or Dry Gas		P.O. Box 2648, Houst Address (Give address to which appr			on TX 77252			
Bid Richardson Carbon   Garbon	e Gas Unuit I		7		201 Mai	n Street	, Ft. W	orth, TX			
give location of tanks.	i i	i	Twp.	_	ls gas actually		When	?			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or p	ool, give con	ming	ing order numb	er:					
		Oil Well	Gas W		New Well	Eff. G/√G Workover	J Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		l Partura	_i						- Kus V		
op	i. Ready to	гтоа.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	me of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations						<del></del>		Depth Cating Shoe			
							<del></del>				
HOLE SIZE		CASING A BING SIZE	AND	CEMENTING RECORD DEPTH SET			SACKS CEMENT				
						<u> </u>	· · · · · · · · · · · · · · · · · · ·	SAONS CEMENT			
	<del> </del>				· · · · · · · · · · · · · · · · · · ·						
V TEST DATA AND DECLIES	TEOD	I I OW	D. D.								
V. TEST DATA AND REQUES OIL WELL (Test must be after re				i must i	be equal to or i	exceed top allo	unhle for this	denth or he fo	e full 24 kma	re 1	
Date First New Oil Run To Tank	Date of Test					thod (Flow, pur			* /		
Length of Test	Tubing Pressure				Casing Pressur	TE.		Choke Size			
Actual Prod. During Test	Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<del></del>				····			·	<del></del>		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condens	ate/MMCF		Gravity of Condensate			
sting Method (puot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
					<del></del>						
VI. OPERATOR CERTIFIC.  I hereby certify that the rules and regula	ATE OF	COMPL	LIANCE			IL CON	SERVA	TION	ואופוח	iNI	
Division have been complied with and t	hat the inform	nation given	above			, L 00, 1			/1 <b>4</b> 1010		
is true and complete to the best of my k	nowledge and	l belief.	. 11		Date	Approved		OBT	28 199	1	
(muie)	- /1	/all	Ille			ONG					
Signature  Connie L. Malik Reg. Compliance R					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name		7	Title	E N	Title_						
9/26/91 915- 688-6898 Date Telephone No.						RECO	RD C	NLY	MAV '	251993	
				!						いいコノココ	

## 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 mult v completed wells.