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

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

## OIL CONSERVATION DIVISION P.O. Box 2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

								API No. 30-025-11094 9 <del>02524106</del>			
Address P. O. Box 17485 -	San Ai	ntonio	To	vac 78'	217						
Reason(s) for Filing (Check proper box)	Sall Al	ittoriio,	, 16	X45 /0.		et (Please expla	in)				
New Well		Change in			_						
Recompletion	Oil	ᆜ	Dry G	_							
Change in Operator	Casinghea	d Gas	Conde	nute							
and actives of previous operator			Oil (	Co. of	Гехаs -	901 W. I	Missouri	Ave. N	Midland.	TX 79701	
II. DESCRIPTION OF WELL	ng Formation Kind o			of Lease	Lease No.						
Lease Name Fowler-Hair				Besent On Fe							
Location		! <del>!</del>	1	.g			en GB		<del></del>		
Unit LetterD	. 66	0	East I	mm The N	orth Lin	•		et From The .	West	Line	
Om Leter											
Section 11 Townshi	ip 24-	<u>S</u>	Range	37-E	, N	MPM,		Lea	· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conde		ND NATU	RAL GAS	e address to w	nich approved	l copy of this f	orm is to be se	nt)	
Texas-New Mexico Pipe Line Company						P.O. Box 2528 - Hobbs, NM 88241-2528					
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   Wild   W						en ?			
If this production is commingled with that		•			<u> </u>	ber:	1				
IV. COMPLETION DATA	nom any on	iki kese oi	post, g	, ve commung				AU			
Designate Type of Completion	- (X)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready t	o Prod.		Total Depth		.ł., <u>.,</u>	P.B.T.D.	. <del></del>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations								Depth Casin	Depth Casing Shoe		
	•	TUBING	, CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
	ļ							-			
					ļ			<del> </del>			
								<del></del>			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	<u> </u>	J ,			_1			
OIL WELL (Test must be after	recovery of t	otal volum	of load	d oil and mus	t be equal to o	r exceed top all	owable for th	is depth or be	for full 24 hou	ors.)	
Date First New Oil Run To Tank	Date of To					lethod (Flow, p					
									Io I c		
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size		
					Water - Bbls			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Buils.						
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	osate/MMCF		Gravity of Condensate			
	·							- A - 8'-	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choice Size		
VI. OPERATOR CERTIFIC	CATE O	F COM	PLIA	NCE			10ED		שומויי	<b>781</b>	
I hereby certify that the rules and regu	lations of the	e Oil Conse	rvation			OIL COI	NSEHV	AHON	DIVISIO	אכ	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						JUN - 4 1993					
is true and complete to the best of my	mowleage :	and belief.			Date	e Approve	ed		1 1000		
HAKY I Saha											
1001 0 - 2-00000					∥ By_	By ORIGINAL SIGNED BY JERRY SEXTON					
Signature Robert L. G. Watson President						DISTRICT I SUPERVISOR					
Printed Name Title					Title	· 					
9-30-92	(	512) 8									
Date		1,6	lephone	INO.	11		•				

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.