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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. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.		IU IK	ANS	570	וט ואכ	L AND NA	TURAL	GA	-				
Operator Tora Oil & Gas				Well	API No. 30 -	025-2	5/33						
Address c/o Oil Reports & Gas	Servic	es. In	С.	B/	ov 755	Hobbs	NM Q	824	1				
Reason(s) for Filing (Check proper box)	301710	,00, 11	,		JA 733		her (Please e						
New Well		Change i	n Tras	nsnor	ner of:		1101 (1 1500) 6	~puu	'				
Recompletion	Oil			/ Gas			Ef:	fec	tive 1	1/1/91			
Change in Operator		ad Gas X								•			
If change of operator give name and address of previous operator	- Callerio			II COLI									
II. DESCRIPTION OF WELL	AND LE	CASE											
Lease Name	ing Formation				Kind of Lease No.		ease No.						
Hodges		2		Lar	nglie	Mattix 5	5P-QN-	GB	SMX,	ABEREKAKOr Fe	e		
Location											-		
Unit Letter P	_ : <u>6</u>	60	_ Fee	t Fro	m The _	South Lin	ne and	560	F	et From The	East	Line	
Section 8 Township 24S Range 37E NMPM, Lea											County		
III. DESIGNATION OF TRAN											· · · · · · · · · · · · · · · · · · ·	County	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)												
Navajo Refining Compan	P. O. Box 159, Artesia, NM 88210												
Name of Authorized Transporter of Casing	Address (Give address to which approved						ent)						
Name of Authorized Transporter of Casinghead Gas or D. Sid Richardson Carbon & Gasoline Co.										er, 201 Main St, FtWorth T)			
If well produces oil or liquids,				Rge.	Is gas actual	7		When? 10/20/75					
give location of tanks.	0 8		24S 37E			Yes						i	
If this production is commingled with that if IV. COMPLETION DATA	from any oth	her lease or	pool,	give	comming	ing order num	ber:						
Designate Type of Completion	- (X)	Oil Well		G	as Well	New Well	Workover		Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	Date Compl. Ready to P		Prod.		Total Depth			P.B.T.D.	<u>I., , ,</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay			<u></u>	Tubing Depth			
Perforations		<u> </u>				Depth Casing Shoe							
					Depui Casin	g Snoe							
		TIDING	CA	CDV	CAND	CITA CENTRE	NO DECC			<u> </u>			
UOLE OZE	TUBING, CASING AND												
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
,										 			
													
													
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL.	Ē						l			
OIL WELL (Test must be after re					and must	be eaual to or	exceed ton a	illawa	hie for this	denth or he f	or full 24 hour	e i	
Date First New Oil Run To Tank	Date of Tes		-,			Producing Me					01 Jan 24 110m	•-/	
							•			- 7			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF			
GAS WELL											(i)		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate				
									•				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
UI OPERATOR CONTRACTOR		a c: =											
VI. OPERATOR CERTIFICA					Œ		VII CO	NIC		TIONE		N.I.	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.													
and sometiment to the best of my knowledge and belief.						Date Approved							
- Wonne Holla	Pagi Couts												
Signature Signature	By		<u></u>										
Donna Holler Agent						-,		27					
Printed Name Title						Title_							
10-31-91 505-393-2727 Date Telephone No.						"""							
Date		Telep	phone	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 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 multiply completed wells.