

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

Address

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous ownerRED MOUNTAIN ASSOCS. 2626 HOLLY ST. DENVER COLO
80207

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE	Well No. 12	Pool Name, Including Formation CHACO WASH M/V	Kind of Lease State, Federal or Fee STATE	Lease No. LG-274
Location Unit Letter A : 990 Feet From The NORTH Line and 630 Feet From The EAST Line of Section 28 Township 20N Range 9W, NMPM, MESSINGER County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PLATEAU	Address (Give address to which approved copy of this form is to be sent) 1921 BIRCHFIELD AVE. FARMINGTON, NM					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	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 B	Sec. 28	Twp. 20N	Rge. 9W	Is gas actually connected? NO	When 7/5/84

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bill Saw
(Signature)
PETROLEUM ENGINEER
(Title)
10-5-83
(Date)

OIL CONSERVATION DIVISION

APPROVED

DEC 05 1983

19

BY

Original Signed by FRANK Y. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

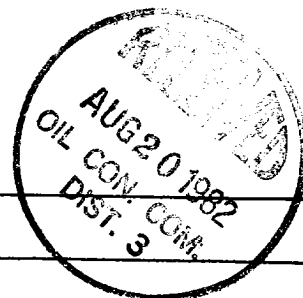
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	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator
RED MOUNTAIN ASSOCIATES

Address
1517 REISTERSTOWN ROAD, SUITE #201, BALTIMORE, MARYLAND 21208

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE	Well No. 12	Pool Name, including Formation CHACO WASH MV	Kind of Lease State, Federal or Fee STATE	Lease No. LG 2779
Location Unit Letter A ; 990 Feet From The N Line and 630 Feet From The E Line of Section 28 Township 20N Range 9W , NMPM, MCKINLEY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PLATEAU, INC.	Address (Give address to which approved copy of this form is to be sent) 4775 Indian School Rd. Albuquerque, N.M. 87110
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 A Sec. 28 Twp. 20N Rge. 9W Is gas actually connected? NO When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 9/23/80	Date Compl. Ready to Prod. 11/20/80	Total Depth 565	P.B.T.D. 542					
Elevations (DF, RKB, RT, GR, etc., 6422 GL	Name of Producing Formation MENELEE	Top Oil/Gas Pay 325	Tubing Depth 532					
Perforations 325-496	Depth Casing Shoe 542							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 6 3/4"	CASING & TUBING SIZE 4 1/2" 5 1/2" 2 3/8	DEPTH SET 542 532	SACKS CEMENT 100 80					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1/10/81	Date of Test 1/10/81	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 1 day	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 20	Oil-Bbls. 2	Water-Bbls. 18	Gas-MCF -0-

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Stephen F. Meszaros
(Signature)
General Partner
(Title)

8/13/82
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.

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Separate Forms C-104 must be filed for each pool in multiple completed wells.