Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Operator

Address

New Well

Recompletion

Lease Name

Location

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2038

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

Name of Authorized Transporter of Oil

If well produces oil or liquids, give location of tanks.

IV. COMPLETION DATA

Gary Williams Energy Corporation

Name of Authorized Transporter of Casinghead Gas

El Paso Natural Gas Co.

DISTRICT II
P.O. Drawer DD, Astesia, NM \$8210 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 30039233850051 Great Western Resources Inc. 1111 Bagby Street, Houston, Texas 77002 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of XX Dry Gas Oil Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Fed. Leans No. g For Well No. Pool Name, Includi State, Federal or Fee S. Lindrith Sallup JH 398 35 Martin--Whittaker Feet From The North 780 Unit Letter 40 NMPM, County Township Section

P.O.

Rge.

40

P.O. Box 1492,

nes

Is gas actually connected?

Address (Give address to which approved copy of this form is to be sent)

Address (Give address to which approved copy of this form is to be sent)

When ?

Box 159, Bloomfield, New Mexico 87413

Paso, Texas 79978

10/30/84

Designate Type of Completio	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to P	rod.	Total Depth		1	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
erforations								Depth Casing Shoe		
		TUBING, C	ASING AND	CEMENTI	NG RECOR	D D	1			
HOLE SIZE	CASING & TUBING SIZE			DEP'TH SET			SACKS CEMENT			
						·	-			
				 						
TEST DATA AND REQUEST FOR ALLOWABLE L WELL (Test must be after recovery of total volume of load oil and m te First New Oil Run To Tank Date of Test				ust be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
								9 9 9 9	<u>`</u>	
Length of Test	Tubing Pr	recente.		Casing Press	TLS.		Choke Sile	e i u u		
Length of Test Actual Prod. During Test	Tubing Pr			Casing Press Water - Bbla				e i u u		
Actual Prod. During Test		L		Water - Bbla			Gas- MCF	Condensate		
Actual Prod. During Test GAS WELL	Oil - Bbis	L	a)	Water - Bbis	•		Gas- MCF	Condensate		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(713)

I hereby certify that the rules and regulations of the Oil Conse Division have been cornelled with and that the information given a

CYD HIZNES

8/29/89

Signature

Date

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

X

Uait

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

or Conde

 \mathbf{x}

Sec

15

or Dry Gas

Twp

123N I

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By.

Title

Date Approved _

SUPERVISION DISTRICT # 3

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

Engineering Assistant

739

-8400

Telephone No.

- 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.