Submit 5 Copies
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 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address 135 Grant, Santa Fe, NM 87501 Change in Friangotter of Change in Friangotter of Change in Grant of Filing (Check proper bas) Change in Grant of Change in	Operator								We	II API No.	···		
Code (Pieze explain)	BCO, Inc.								3	0-039-24	93		
Research for Filting Check proper load Change in Transporter of:	1	- NM O	7501										
Camps in Transporter of Compensor Code Configuration Code			7501							··			
Recompletion	1 — — — — — — — — — — — — — — — — — —	9	C	i- T				ther (Please exp	plain)				
Caugh to Dymers Caringhead Gos Condemnas		Oil	Change	_	-	\Box							
Habes of openior give nume and schrored provided special and schrored provided special and schrored provided special	ı · —		ead Gas	_ `									
DESCRIPTION OF WELL AND LEASE Lease None Lease No. State Lease No. Lease No. State Lease No. No. State Lease No. State L	If change of operator give name				0.014415	<u> </u>		7			 -		
Lease Name Vell No. Pool Name, Including Formation State, Fielded No. V - 2258		LANDI	FACE										
State		D AND LI		Pool	Name, In	clud	line Formation	· · · · · · · · · · · · · · · · · · ·	Kin	d of Lease		Lees No	
Line	State J		4	1			=					- -	
Section 16 Township 23N Range 7W NMM, Rio Arriba Country III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of City of Condensus Address Give edde as to whick approved copy of this form is to be sent)			10/01		-		•		- 		<u>-</u>	2230	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Tinasporter of Oil of Condensate Address (Give address to which approved copy of this form is to be sent) Giant Refining Giant Refining How and Authorized Tinasporter of Canaghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) BCO. Inc. P. O. Box 256, Farmington, NN 87499 BCO. Inc. The production of trains. Address (Give address to which approved copy of this form is to be sent) BCO. Inc. The production of trains and the form and the sent) BCO. Inc. The production of trains and the form and the sent) BCO. Inc. The production of trains and the sent) BCO. Inc. The production is commingled with that from any other lease or pool, give cocumingling order number: N. COMPLETION DATA Designate Type of Completion—(X) Tail Depth P. B. D. Tail Depth P. D. Tail Dept	Unit LetterK	:	1940	_ Feet	From The	; <u>`</u>	south Lir	ne and20	1701	Feet From The	west	Line	
Name of Authorized Transporter of Oil Gant Refining Name of Authorized Transporter of Casinghead Gas X Or Day Casi P.O., Day 256, Farmington, Day May 87499 Name of Authorized Transporter of Casinghead Gas X Or Day Casi Address (Give address to which approved copy of this form is to be sent) 133 Grant, Santa Fe, NM 87501 production is committingled with that from any other lease or pool, give comminging order number. NA V. COMPLETION DATA Designate Type of Completion - (X) XX Designate Type of Completion - (X) 3/10/90 Due Complete Ready to Prod. 3/10/90 Due Complete Ready to Prod. 6/13/90 Total Depth 3/10/90 Services One 3 1/8" 0.39" Select fire shot at 5542, 5558, 5562. One 3 1/8" 0.39" Select fire shot at 5542, 5558, 5562. TUBING, CASING A TUBING SIZE DEPTH SET SACKS CEMENT 12 1/4" 8 5/8" 230 - 155 TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING A TUBING SIZE DEPTH SET SACKS CEMENT 12 1/4" 8 5/8" 230 - 155 7 7/8" 1175 TEST DATA AND REQUEST FOR ALLOWABLE HLWELL 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.) AND SET OF STATE OF COMPLIANCE 11 1/4	Section 16 Town	hip 2:	3N	Rang	e 7	W	, N	мрм,	Rio	Arriba		County	
Name of Authorized Transporter of Oil Gant Refining Name of Authorized Transporter of Casinghead Gas X Or Day Casi P.O., Day 256, Farmington, Day May 87499 Name of Authorized Transporter of Casinghead Gas X Or Day Casi Address (Give address to which approved copy of this form is to be sent) 133 Grant, Santa Fe, NM 87501 production is committingled with that from any other lease or pool, give comminging order number. NA V. COMPLETION DATA Designate Type of Completion - (X) XX Designate Type of Completion - (X) 3/10/90 Due Complete Ready to Prod. 3/10/90 Due Complete Ready to Prod. 6/13/90 Total Depth 3/10/90 Services One 3 1/8" 0.39" Select fire shot at 5542, 5558, 5562. One 3 1/8" 0.39" Select fire shot at 5542, 5558, 5562. TUBING, CASING A TUBING SIZE DEPTH SET SACKS CEMENT 12 1/4" 8 5/8" 230 - 155 TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING A TUBING SIZE DEPTH SET SACKS CEMENT 12 1/4" 8 5/8" 230 - 155 7 7/8" 1175 TEST DATA AND REQUEST FOR ALLOWABLE HLWELL 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.) AND SET OF STATE OF COMPLIANCE 11 1/4	III. DESIGNATION OF TRA	NSPORT	FD OF C	NE AT	NID NA	ו זייני	DAT CAC						
Ref In Tile Section (Processing Section 1)	Name of Authorized Transporter of Oil	1131 OK 17	or Coade	nsale	ND NA	10		ve address to w	vhich approve	d come of this	form is to be	ent)	
Name of Authorized Transporter of Casinghead Gas Strome Comparison of Comparison (Cive acters to which approved copy of this form is to be zent) BCQ. Inc. 1 well producted oir liquids,	Giant Refining											enij	
BCO_ Inc. 135 Grant_ Santa Fe, NM 87501 Well reduces oil or liquids, but all produces oil or liquids, but all produces of tasks. J	Name of Authorized Transporter of Cas	inghead Gas	X	or Dr	y Gas	_	Address (Giv	re address to w	hich approve	d copy of this	form is to be s	ent)	
If well produces of tables J	BCO, Inc.											,	
Total production is commingled with that from any other lease or pool, give commingling order number: N/A No Completion	If well produces oil or liquids,						ls gas actuall	y connected?					
Designate Type of Completion - (X) Dist Spudded 3/10/90 6/13/90 6/13/90 5750¹ 5694 Deterations (DF. REAR. Rf. cet.) Name of Producing Formation Gallup 57225 CR Gallup 5654 Defections One 3 1/8" 0.39" select fire shot at 5452, 5558, 5562. One 3 1/8" 0.32" select fire shot at 5572, 5578, 5651, 5674. TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET 12 1/4" 8 5/8" 230 1175 4 1/2" 2 3/8" 5654 TEST DATA AND REQUEST FOR ALLOWABLE HILWELL (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.) TUBING Formation 6/17/90 Flowing Casing Fressure 6/13/90 6/17/90 Flowing Casing Fressure 10 19/64 Caust Prod. During Test 10 19/64 Caust Prod. Test - MCF/D Length of Test 10 19/64 Caust Prod. Test - MCF/D Length of Test 10 19/64 Caust Prod. Test - MCF/D Length of Test 10 19/64 Caust Prod. Test - MCF/D Length of Test 10 19/64 Caust Prod. Test - MCF/D Length of Test 10 19/64 Caust Prod. Test - MCF/D Length of Test 10 19/64 Caust Prod. Test - MCF/D Caust Prod. Test - MCF/D Division have been complied with and that his information given above is true and complete to the best of my knowledge and belief. Caust Prod. Test - MCF/D Division have been complied with and that his information given above is true and complete to the best of my knowledge and belief. Supparame 1 11 22 about h. B. Keeshan Vice-President 1 11 11 19 Caust Prod. Test - MCF/D Date Approved Supervisor CISTRICT 13 Title Supervisor CISTRICT 13 Title Supervisor CISTRICT 13 Title Supervisor CISTRICT 13 Title	<u> </u>						1		L_	6/18/	90		
Designate Type of Completion - (X) Discognite Type of Completion - (X) Date Spidded 3/10/90 6/13/90 6/13/90 6/13/90 7255 GR Name of Producing Formation Gallup Gallu	If this production is commingled with the IV. COMPLETION DATA	it from any of	ther lease or	pool, g	ive comm	ungl	ing order numi	ber:	N/A				
Designate Type of Completion - (X) XX X XX			Oil Well	1	Gas Wel	1	New Well	Workover	Deepen	Plug Back	Same Bee'u	Diff Parks	
3/10/90 6/13/90 5750 5694		• •	1	i		_	•	1	Dupu	Ting Data	Same ver A	pin kesv	
Devaluous (OF, RKB, RT, GR, etc.) Name of Producing Formation Gall up 5452 5654 5654 5654	•						Total Depth	<u> </u>		P.B.T.D.	1	<u> </u>	
T225 GR Gallup Select fire shot at 5452, 5558, 5562. Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING A TUBING SIZE CASING A TUBING SIZE DEPTH SET SACKS CEMENT 12 1/4" 8 5/8" 2 30 155 7 7/8" 4 1/2" 2 3/8" TEST DATA AND REQUEST FOR ALLOWABLE III WELL Gest must be after recovery of load volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Interpretation of Teat 6/13/90 Gold Bibls. 24 hours 310 465 19/64 Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Method (pilor, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Date Approved JUN 2 2 1990 By Title SUPERVISOR DISTRICT #3 Title Title										5694			
Perforations One 3 1/8" 0.39" select fire shot at 5452, 5558, 5562. One 3 1/8" 0.32" select fire shot at 5572, 5578, 5651, 5674. TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET 12 1/4" 8 5/8" 230 155 7 7/8" 4 1/2" 5747 1175 4 1/2" 5747 1175 A 1/2" 5747 1175 TEST DATA AND REQUEST FOR ALLOWABLE III. WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for thir depth or be for full 24 hours.) TEST DATA AND REQUEST FOR ALLOWABLE III. WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for thir depth or be for full 24 hours.) TEST DATA AND REQUEST FOR ALLOWABLE III. WELL (Fest must be after recovery of total volume of load oil and must be equal to or exceed top allowable for thir depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Flowling Casing Pressure 24 hours 310 465 TIUBING CEMENTING Casing Pressure Choke Size 24 hours 310 465 TIUBING RECORD Choke Size Choke Size 25 20 Swater Gravity differencessure Casing Pressure (Shut-in) UN1 9 199 choke Size Difference of the best of my knowledge and belief. LOPERATOR CERTIFICATE OF COMPLIANCE Intervely certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief. LOPERATOR CERTIFICATE OF COMPLIANCE Intervely certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. Superavisor District \$3 Title Superavisor DISTRICT \$3 Title Title	· · · · · · · · · · · · · · · · · · ·	_					i '						
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12 1/4" 8 5/8" 230 155 7 7/8" 4 1/2" 2 3/8" 5654 TEST DATA AND REQUEST FOR ALLOWABLE ILL 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.) TEST DATA AND REQUEST FOR ALLOWABLE ILL 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.) There First New Oil Run To Tank 6/13/90 6/13/90 Flowling 6/13/90 Flowling Casing Pressure 24 hours 310 465 Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure (Shut-in) UN1 9 199 Choke Size Water - Biblix coordensate Casing Pressure (Shut-in) UN1 9 199 Choke Size OIL CONDERWATION DIVISION Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief. ELizabeth B. Keeshan Vice-President Primade Name 6/18/90 505 583-1228 Tittle Tittle SUPERVISOR DISTRICT \$3 Tittle		Gallup ·					5452						
HOLE SIZE CASING & TUBING, CASING AND CEMENTING RECORD 12 1/4" 8 5/8" 230 155 7 7/8" 4 1/2" 2 3/8" 5654 TEST DATA AND REQUEST FOR ALLOWABLE MIL WELL (Test must be after recovery of total volume of tood oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Alte Firs New Oil Run To Tank 6/13/90 6/17/90 Flowing 10 Bolts Casing Pressure 24 hours 310 465 19/64 Casing Pressure 24 hours 310 465 19/64 Casing Pressure 24 hours 310 465 19/64 Casing Pressure Casing Pressure 300 TAS WELL CIUAL Prod. Test - MCF/D Length of Test String Method (pitor, pump, gas lift, stc.) Tubing Pressure 300 Casing Pressure Casing Pressure Casing Pressure Surer - Bolts and Complete to the best of my knowledge and belief. Date Title - String Pressure (Shut-in) Date Title - SUPERVISOR DISTRICT #3	One 3 $1/8$ " 0 32" color	/ selec	t fire	shot	t at S	545	2, 5558	, 5562.				-	
HOLE SIZE 12 1/4" 8 5/8" 230 155 7 7/8" 4 1/2" 2 3/8" 5554 TITS 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.) THE FIRE New Oil Run To Tank 6/13/90 6/13/90 Casing Pressure 24 hours 310 465 Total Producing Method (Flow, pump, gas tift, etc.) Flowling Casing Pressure 24 hours 310 465 19/64 Casing Pressure 25 20 Supering Condensate Casing Pressure Casing Pressure (Shut-in) OIL CON DIV- OIL CON DIVISION Date Approved Title SUPERVISOR DISTRICT \$3 Title Title	one 3 1/8 0.32 serec	tilre	shot at	CAST	$\frac{72}{55}$	78	5651,	5674.		5/4/			
12 1/4"	HOLE SIZE					ישו				·			
7 7/8" 4 1/2" 5747 1175 4 1/2" 5747 1175 4 1/2" 5747 1175 4 1/2" 57547 1175 4 1/2" 57547 1175 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.) Take First New Oil Run To Tank Date of Test 6/13/90 6/17/90 Flowing ength of Test Tubing Pressure 24 hours 310 Casing Pressure Choke Size 24 hours 310 Casing Pressure Choke Size 25 20 Water Biblis Coodensate (Shut-in) Biblis Coodensate (Shut-in) Gravity of Codensate Tubing Pressure (Shut-in) Flowing Pressure (Shut-in) Oil CON DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature Elizabeth B. Keeshan Vice-President Printed Name 6/18/90 505 983-1228 Date Telephone No.						\dashv							
TEST DATA AND REQUEST FOR ALLOWABLE III. WELL It is 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 Tank 6/13/90 6/17/90 Ength of Test 24 hours 310 Casing Pressure 24 hours 310 Casing Pressure Gravity of Condensate Gravity of Condensate Casing Pressure (Shut-in) UN1 9 1990 hoke Size I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief. Casing Pressure Casing Pressure (Shut-in) UN1 9 1990 hoke Size OIL CON DIV. OIL CON DIVISION Date Approved By SUPERVISOR DISTRICT 13 Title Title		 											
TEST DATA AND REQUEST FOR ALLOWABLE INLINELL (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.) Take First New Oil Run To Tank 6/13/90 6/17/90 6/17/90 Flowing Casing Pressure 24 hours 310 Casing Pressure 25 Oil - Bbls. Water - Bblsr condensate Water - Bblsr condensate Casing Pressure (Shut-in) UN1 9 199 Choke Size Casing Pressure (Shut-in) UN1 9 199 Choke Size I OPERATOR CERTIFICATE OF COMPLIANCE 1 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 bear of my knowledge and belief. Casing Pressure (Shut-in) UN1 9 199 Choke Size OIL CON DIV. OIL CON DIV. OIL CON DIVISION Date Approved By Supervisor District 13 Title Title Supervisor District 13 Title						_				11/3			
IL 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 Tank 6/13/90 6/17/90 Flowing Casing Pressure 24 hours 310 465 19/64 Casing Pressure Casing Pressure Casing Pressure Casing Pressure (Shut-in) Water - Biblis Condensative Casing Pressure (Shut-in) IUN1 9 1990 hoke Size I. OPERATOR 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. Signature Elizabeth B. Keeshan Vice-President Printed Name 6/18/90 Date Title								3037					
Date First New Oil Run To Tank 6/13/90 6/17/90 6/17/90 Flowing										1			
ength of Test 24 hours 310 Casing Pressure 465 19/64 Casing Pressure 465 19/64 Casing Pressure 465 19/64 Casing Pressure 465 19/64 Casing Pressure 465 Casing Pres				of load	oil and m	us1	be equal to or	exceed top allo	wable for thi	s depth or be f	or full 24 hou	rs.)	
Tubing Pressure 24 hours 310 310 310 310 310 310 310 31			-			ı	Producing Me	thod (Flow, pu	mp, gas lift, e	stc.)			
24 hours 310 465 19/64 Cettal Prod. During Test 25 20 501 - Bbls. 25 20 5 water 300 GAS WELL Cettal Prod. Test - MCF/D			· · · · · · · · · · · · · · · · · · ·								I Charles Sin		
Casing Pressure (Shut-in) UN1 9 199 (Inoke Size of the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief. Signature Printed Name 6/18/90 Date Oil - Bbls. Oil - Bbls. Oil - Bbls. Water - Bblsrecovered frac Gas-MCF 300 Gravity of Condensate Water - Bblsrecovered frac Gas-MCF 300 Gravity of Condensate Signature Signature Frinted Name 6/18/90 Date Telephone No.	•	1	-				-						
Asswell Assing Method (picot, back pr.) Length of Test Bibls. Condensate Casing Pressure (Shut-in) JUN1 9 1950 hoke Size Casing Pressure (Shut-in) JUN1 9 1950 hoke Size Coll CON. DIV. OIL CON. D		_											
ASS WELL Consider From the first to the best of my knowledge and belief. Signature Elizabeth B. Keeshan Vice-President Printed Name 6/18/90 Date Telephone No. Bbls. Condensate WiC Gravity of Condensate Gravity of Condensate Bols. Condensate WiC Gravity of Condensate Gravity of Condensate Casing Pressure (Shuz-in) UN1 9 199 choke Size OIL CON. DIV. O	_									1			
Length of Test Sting Method (pitor, back pr.) Tubing Pressure (Shut-in) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) UN1 9 199 choke Size OIL CON. DIV. OIL CO	CAS WELL	1					<u>''</u>		70 P 11 T	A PE Co			
I. OPERATOR 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. Signature Elizabeth B. Keeshan Vice-President Primed Name 6/18/90 Tubing Pressure (Shut-in) UN1 9 199 choke Size OIL CON. DIV. OIL CON.		Length of	Test				Rhie Condens	1D) E (F I		· · · · · · · · · · · · · · · · · · ·	
I. OPERATOR 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. Signature Elizabeth B. Keeshan Vice-President Printed Name 6/18/90 Date OIL CON. DIV. OIL		Longe, or				ľ	DOIS. COUGEUS	TATICE		Gravity of C	ondensate		
I. OPERATOR 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. Signature Elizabeth B. Keeshan Vice-President Printed Name 6/18/90 Date OIL CON. DIV. OIL	esting Method (pitot, back pr.)	Tubing Pre	ssure (Shut-	· m)			Casing Pressur	e (Shut-in)	N1 9 199	Choke Size			
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. Signature Elizabeth B. Keeshan Vice-President Printed Name 6/18/90 Date Telephone No. OIL CONSISTAGATION DIVISION Date Approved SUPERVISOR DISTRICT #3 Title Title						-	-		_				
Thereby 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. Conservation	L OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE			OIL	CON.	DIV.	 ,		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved JUN 2 2 1990 By					1.CL	Ш	0	IL CON	DEFRIVE	ATION E	DIVISIO	N	
Elizabeth B. Keeshan Vice-President Printed Name 6/18/90 505 983-1228 Title Telephone No. By 3 SUPERVISOR DISTRICT #3	Division have been complied with and that the information given above												
Elizabeth B. Keeshan Vice-President Printed Name 6/18/90 505 983-1228 Title Telephone No. By 3 SUPERVISOR DISTRICT #3	is true and complete to the best of my	mowledge an	d belief.				Date	Annroved	4 : •	JUN 221	199()		
Signature Elizabeth B. Keeshan Vice-President Printed Name 6/18/90 505 983-1228 Title Telephone No.	Elicilati B	Kas	/				Date	hbiovec		. 1			
Printed Name	Signature	_IUES!					Ву		3-1) <u>el</u>	and the		
6/18/90 505 983-1228 IIIle	Printed Name					:			SUPER	VISOR DIS	STRICT #	3	
	6/18/90						Title_			·	·		
			Telep	onone N	0.								

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
- 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.