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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 Instruction at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRIC	<u> </u>					
1000 Rio	Brazos	Rd.	Aztec.	NM	87410	

		IOIR	IANSF	ORT C	DIL AND NA	TURALC	IZATION				
Operator The Gary-Williams	OIL AND NATURAL GAS Well API No.										
Address 370 17th Street, Suite 5300, Denver, CO						30 043 20518					
3/0 1/th Street,	Suite 5	300, De	enver	, co	80203						
Reason(s) for Filing (Check proper box	a)	<u> </u>	- ~			et (Please exp					
Recompletion	Oil	Change i	Dry G		Operato	r Name a	ınd Addı	ess Cha	nge		
hange in Operator	Casingh	nead Gas	- -						•		
change of operator give name daddess of previous operator	ry-Will	iams Oi	l Pro	 oducer	, Inc., 1	15 Inver	ness Dr	F Fra	lama l	20 00110	
DESCRIPTION OF WEL	LANDII	FACE					TICSS DE	·E·, EIIG.	rewood, (30 80112	
case Name	Well No. Pool Name, Inclu			ding Formation Kin							
Penistaja 11		l Rio Pue						of Lease Federal or E		Lease No. NM-71345	
Unit Letter A	1	500			North	750					
ORK LEGEL	 :		_ Feat Fr	rom The	Line	750	· F	eet From The	East	Line	
Section 11 Towns	thip 201	<u>.1</u>	Range	4	<u>W</u> .N	APM.	Sandov	al			
I. DESIGNATION OF TRA	NCDODT	ED OF O	TT A B 1	T						County	
-me or vermonten transhorms of Off	KX.	or Conder	IL AN	UNATE	Address (Give	address to w	ich annau	d aann ad this	form is to be se		
Gary-Williams Energy	Corpora	<u>ition</u>		<u> </u>	370 17t	h Stree	t. Suit	- 6300 - 5300	Denver,	<i>rt)</i> <i>C</i> O 0000:	
ame of Authorized Transporter of Cas N/A	inghead Gas		or Dry	Gas	Address (Give	address to wi	tich approved	copy of this	form is to be se	<u>CO 8020.</u> ne)	
well produces oil or liquids.	Unit	Sec.	Twp.	Row	is gas actually						
re location of tanks.	_i	<u>i</u>	İ	1	N/A		When	1.7			
his production is commingled with the COMPLETION DATA	M from any od	her lease or	pool, giv	e commin	gling order numb	er:					
		Oil Well		ias Well	1 N . 71 n						
Designate Type of Completion		i	i	MES ALCEI	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
te Spudded	Date Com	pl. Ready to	Prod.		Total Depth		··· <u> </u>	P.B.T.D.	<u> </u>	L	
vations (DF, RKB, RT, GR, etc.)	Name of F	roducing Fo			Top Oil/Gas Pr	10					
		. COLORED TO	IMMEGU		rop On Ost Fa	ıy		Tubing Dep	th		
forations						· —		Depth Casin	g Shoe		
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TECT DATA AND DEALER								1			
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TEST DATA AND REQUES L WELL (Test must be after the First New Oil Run To Tank		tal volume o		l and must	be equal to or ex Producing Meth	sceed top allow	vable for this up, gas lift, et	depth or be fi	or full 24 hours	.)	
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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.

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.