

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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OCT 20 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Samuel Gary Oil Producer, Inc.
Address
#4 Inverness Court East Englewood, Colorado 80112
Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership & Name
Change in Transporter of:
☒ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain):
CESA Pelon 29-1

If change of ownership give name and address of previous owner Lewis Energy Corporation, 700 Broadway, Suite 1129, Denver, Colorado 80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Taylor 29</u>	Well No. <u>13</u>	Pool Name, including formation <u>San Joaquin</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 29168</u>
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>south</u> Line and <u>990</u> Feet From The <u>west</u> Line of Section <u>29</u> Township <u>21N</u> Range <u>3W</u> , NMPM, <u>Sandoval</u> 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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1702 Farmington, N.M. 87401</u>
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 <u>M</u> Sec. <u>29</u> Twp. <u>21N</u> Rge. <u>3W</u>	Is gas actually connected? <input type="checkbox"/> When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Ray Hagun
(Signature)
Operations Superintendent
(Title)
October 18, 1983
(Date)

OIL CONSERVATION DIVISION
OCT 24 1983
APPROVED _____
BY Original Signed by FRANK T. CHAVEZ
TITLE _____ SUPERVISOR DISTRICT # 3

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.

IV. COMPLETION DATA

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of leak 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	Shls. Condensate/MMCF	Gravity of Condensate
Testing method (pilot, back pr.)	Tubing Pressure (Start-in)	Casing Pressure (Start-in)	Choke Size