

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

RECEIVED

JAN 31 1984

OIL CONSERVATION DIVISION  
Dist. 3  
Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Gary-Williams Oil Producer, Inc.

Address  
Four Inverness Court East, Englewood, CO 80112-5599

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

If change of ownership give name and address of previous owner Samuel Gary Oil Producer, Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tayler 30	Well No. 30-#8	Pool Name, including Formation San Gabriel Manace	Kind of Lease State, Federal or Fee Federal	Lease No. NM 16579
Location Unit Letter H :1990 Feet From The north Line and 660 Feet From The east Line of Section 30 Township 21N Range 3W NMPM, Sandoval 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, NM 87401
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 H Sec. 30 Twp. 21N Rge. 3W	Is gas actually connected? 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 Hager  
(Signature)  
Operations Superintendent  
(Title)  
December 21, 1983  
(Date)

26-84 OIL CONSERVATION DIVISION  
APPROVED FEB 06, 1984  
BY Frank J. [Signature]  
TITLE SUPERVISOR DISTRICT #

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

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well	Workover XX	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10/19/81	Date Compl. Ready to Prod. 11/23/81		Total Depth 4833'		P.B.T.D. 4833'				
Elevations (DF, RKB, RT, GR, etc.) 7072' GR	Name of Producing Formation Gallup		Top Oil/Gas Pay		Tubing Depth				
Perforations					Depth Casing Shoe				
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	9-5/8		surface-385		275sx (295.01 cu. ft.)				
8-3/4	7		Surface-4530		255sx (340.78 cu. ft.)				

#### 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 (pirol, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size