

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	
PERMITS OFFICE	

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

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  
115 Inverness Drive East, Englewood, CO 80112

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	

Other (Please explain)

RECEIVED

OCT 09 1984  
OIL CON. DIV.  
DIST. 3

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Johnson 4	Well No. 14	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM-7765
Location				
Unit Letter N	: 860	Feet From The South	Line and 1650	Feet From The West
Line of Section 4	Township 20N	Range 2W	, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	P.O. Box 489, Bloomfield, NM 87413					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	4	20N	2W	No	

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  
Ray (Signature) Hager  
Operations Superintendent  
(Title)  
October 1, 1984  
(Date)

OIL CONSERVATION DIVISION  
APPROVED Frank J. [Signature] OCT 09 1984  
BY \_\_\_\_\_  
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**

<b>Designate Type of Completion - (X)</b>		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
<b>HOLE SIZE</b>	<b>CASING &amp; TUBING SIZE</b>			<b>DEPTH SET</b>			<b>SACKS CEMENT</b>		

**V. TEST DATA AND REQUEST FOR ALLOWABLE** *(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)*

<b>Date First New Oil Run To Tanks</b>	<b>Date of Test</b>	<b>Producing Method (Flow, pump, gas lift, etc.)</b>		
<b>Length of Test</b>	<b>Tubing Pressure</b>	<b>Casing Pressure</b>		<b>Choke Size</b>
<b>Actual Prod. During Test</b>	<b>Oil - Bbls.</b>	<b>Water - Bbls.</b>		<b>Gas - MCF</b>

**GAS WELL**

<b>Actual Prod. Test - MCF/D</b>	<b>Length of Test</b>	<b>Bbls. Condensate/MCF</b>	<b>Gravity of Condensate</b>
<b>Testing Method (plug, back pr.)</b>	<b>Tubing Pressure (Shut-in)</b>	<b>Casing Pressure (Shut-in)</b>	<b>Choke Size</b>