## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		1	$\vdash$
TRANSPORTER	OIL		Н
	844		
<b>OPERATOR</b>			
PROBATION 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

Operator	SPORT OIL AND NATURAL GAS
Gary-Williams Oil Producer, Inc.	- EREIVEM
115 Inverness Drive East, Englewood, CO 80112 Recson(s) for filing (Check proper box)	
New Well Change in Transporter of:  Recompletion XX OII	Other (Please explain) OCT U 9 1984  OTL CON. DIV.
If change of ownership give name and address of previous owner	DIST. 3
II. DESCRIPTION OF WELL AND LEASE	
San Isidro 11 16 Rio Puerco	Legae No.
Unit Letter P : 660 Feet From The South Lin	te and 630 Feet From The East
Line of Section 11 Township 20N Range	3W , NMPM, Sandoval County
Plateau, Inc.  Name of Authorized Transporter of Casinghedd Gas or Dry Gas  If well produces oil or liquids, Unit Sec. Twp. Rge. give location of tanks.  P 11 20N: 3W	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent) Is gas actually connected?  No
If this production is commingled with that from any other lease or pool, NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  Thereby 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.	OIL CONSERVATION DIVISION  APPROVED  STEED:  SUPERVISOR DISTRICT # 3
Rayl (Signature) Hager Operations Superintendent (Tule) October 1. 1984 (Date)	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	Oil Well	Gas Well	New Well	Workover	Deepen	Plua Back	Same Restv. Diff. Res	
Designate Type of Completi	on - (X)	1 ,		1	)	Prug Back	Same Resrv. Diff. Res	
Date Spudded	Date Compl. Ready to P	rod.	Total Depth		1,	P.B.T.D.		
levetions (DF, RKB, RT, GR, etc., Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Performan						Depth Casing Shoe		
	TUBING,	CASING, AN	D CEMENTI	NG RECORI	<u> </u>			
HOLE SIZE	CASING & TUBI					SACKS CEMENT		
			ļ	<del></del>				
	<del>- </del>		<del> </del>			<del> </del>		
7. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (7	est must be a ble for this de	ifter recovery o	of total volum full 24 hours	e of load oil	and must be e	qual to or exceed top all	
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas lift, etc.)					
Longth of Tost	Tubing Pressure		Casing Pres	1500-0	<del></del>	Cheke Size		
Actual Prod. During Test	Ou-Bbis.		Weter - Bbls.			Gas - MCF		
AS WELL	1	<del></del> <u> </u>	<u> </u>	<del></del>				
Actual Prod. Test-MCF/D	Length of Test		Bbis. Conde	nagte/MMCF		Grevity of C	ondenagte	
Testing Method (publ., back pr.)	Tubing Pressure ( Shut-		Casing Pres	eure (Shut-		Choke Size		