STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

Gary-Williams Oil Producer, Inc.

Address

4 Inverness Court East, Englewood, CO 80112-5599

Reason(s) for filing (Check proper box)

[XX] New Well

[ ] Recompletion

[ ] Change in Ownership

Change in Transporter of:

[ ] Oil

[ ] Casinghead Gas

[ ] Dry Gas

[ ] Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Isidro 14	#4	Undesignated Gallup	State, Federal or Fee Federal	NM 36936

Location

Unit Letter ___D___ ; ___660___ Feet From The ___North___ Line and ___660___ Feet From The ___West___

Line of Section 14   Township 20N   Range 3W , NMPM,   Sandoval   County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ] 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 [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)

	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	D	14	20N	3W	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 Hager   (Signature)

Operations Superintendent
(Title)

April 3, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED ___APR 10 1984___ , 19 ___

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 allow-
able 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/19/83	3/26/84	4300'	4210'

Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6848' GR	Gallup	4118	4123.72

Perforations	Depth Casing Shoe
4118'-4132'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-1/2"	9-5/8"	181'	200 SX
8-3/4"	7"	3699'	655 SX
	4½ Liner	3120-4300	110 SX
	3½	4124	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
3/26/84	4/1/84	Flowing

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	80 psi	--	22/64"

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	120 bpd	--	52.8 pd

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size