Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088

	HEQUES TO	TRANS	ALLOWA PORT OI	BLE AND L AND NA	AUTHORI TURAL G	IZATION AS				
TO TRANSPORT OIL AND NATURAL (The Gary-Williams Company							Well API No.			
idress			30 043 20701							
370 17th Street, eason(s) for Filing (Check proper bo		penve	r, co 8	10203	(B) '	1-1-1		<u>.</u>		
ew Well		nge in Tran	sporter of:		ner (Please expl		~			
completion	Oil		Gas 🔲	operau	ur Name a	na Adar	ess Chang	je		
ange in Operator hange of operator give name	Casinghead Gar		denants							
address of previous operator Ga	ary-Williams	Oil P	roducer,	Inc., 1	15 Inver	ness Dr	.E.,Engle	wood,	0 80112-	
DESCRIPTION OF WEL	L AND LEASE	 						-		
ase Name un Isidro 14	Well 4	l No. Pool	Name, Includ	ing Formation erco Mano	~		of Lease	NM-36	ease No.	
ation	1 4		NIO FUE	TCO Mario	<u></u>	A State,	Federal or 766	MM-20		
Unit LetterD	:660	Feet	From The N	orth 1:	e sad	660 🚌	et From The	West	•.	
Section 14 Town	20N		31/1			Sando			Line	
Section 14 Town	anip -	Ran	26	, N	MPM,				County	
DESIGNATION OF TRA			ND NATU							
me of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)						
ary-Williams Energy Corporation me of Authorized Transporter of Casinghead Gas or Dry Gas [rv Gas	370 17th Street, Suite 5300, Denver, CO 8020: Address (Give address to which approved copy of this form is to be sent)						
/A				7	4 022 C3 10 W	ися арргочеа	copy of thus joi	m is io be se	int)	
ell produces oil or liquids, location of tanks.	Unit Sec.	Twp	ON 3W	Is gas actual!	y connected?	When	?			
is production is commingled with the			L		her					
COMPLETION DATA										
Designate Type of Completic	on - (X)	Well	Gas Well	New Well	Workover	Doepen	Plug Back S	same Res'v	Diff Res'v	
s Spudded	Date Compl. Res	idy to Prod.	•	Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			COL	Top Oil/Gas Pay			Tubing Depth			
forations							Depth Casing Shoe			
									<u> </u>	
HOLE SIZE CASING & TUBING SIZE			DEPTH SET			CACVO OFMENT				
	<u> </u>	CACHO & FORMS SIZE			DEPTH SET			SACKS CEMENT		
		•						· · · · · · · · · · · · · · · · · · ·	·	
TEST DATA AND REQUI	EST FOR ALLO	WABLI	E				<u> </u>			
WELL (Test must be after	r recovery of total vol	turne of load	d oil and must					full 24 hour	rs.)	
First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	mp, gas lift, e	(c.)			
gth of Test	Tubing Pressure			Casi	CFI	VEI	hoke Size			
						0 6				
al Prod. During Test	Oil - Bbls.			Water-Whis.	FEB 0 5 19		MCF			
S WELL		-					<u> </u>			
ial Prod. Test - MCF/D	Length of Test			Bbis. Conden	CON.	DIV.	Gravity of Cor	ndensate		
				DIST.	3	#		•		
g Method (pitot, back pr.)	Tubing Pressure (Tubing Pressure (Shut-in)			re (Shut-in)		Choke Size			
ODED ATOD CEDTURE	CATE OF CO	A COST TA	NOT					-		
OPERATOR CERTIFION thereby certify that the rules and reg			NCE	(IL CON	SERVA	ATION D	IVISIO	N	
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.				FEB 0 5 1990						
true and complete to the best of m	y knowledge and belie	ef.		Date	Approved	t	ורטיט			
Dancy Med	onald			_		-7	~ D			
ignature /				By_		3	1) 04	- American		
incy McDonald	Administra	tive A	ss t	Tale		SUPER	IVISOR DI	STRICT	# 3	
/29/90	303/628-38	00		Title.	 -					
Date		Telephone	No.	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

