## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.8.0.8.			
LAND OFFICE			L_
TRANSPORTER	OIL	<u> </u>	
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PROBATION OF	HCE	1	1

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



OIL CON. DIV.

Separate Forms C-104 must be filed for each pool in multij

completed wells.

TRANSPORTER OIL REQUEST FOR AL	DISI. 3
PAGRATION OFFICE AUTHORIZATION TO TRANSPOR	RT OIL AND NATURAL GAS
I.	
Gary-Williams Oil Producer, Inc.	<u> </u>
Address	
Four Inverness Court East, Englewood, CO 80112-	5599 Other (Please explain)
Descents for tiling (Likeck proper box)	<b>1</b>
New Well Change in Transporter of:	Operator Name Change
Recompletion Oil Dry G	jas
Change In Ownership Casinghead Gas Condi	enagte enagte
Change in Owner-mp	
If change of ownership give name Samuel Gary Oil Producer, and address of previous owner Samuel Gary Oil Producer,	, Inc.
II. DESCRIPTION OF WELL AND LEASE	Kind of Lease Lease No.
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Form	79050
I Indesignated	Gallup State, Federal or Fee Federal NM 385/1
San Isidro 10	1 a N
Unit Letter H : Feet From The north Line	and Feet From Theeast
1	W NMPM, Sandoval County
Line of Section 18 Township 20N Range 3	W , New Aug.
Name of Authorized Transporter of Uli	Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
If this production is commingled with that from any other lease or pool, g	give commingling order number:
If this production is commingled with that from any other	
NOTE: Complete Parts IV and V on reverse side if necessary.	
NOTE. Complete 12.00	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	0 / 1084
	APPROVED FFR 06.1884
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.	BY
my knowledge and benefit	SUPERVISOR DISTRICT 3
	This form is to be filed in compliance with RULE 1104.
Ray Hagen	If this is a request for allowable for a newly drilled or deepen  If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati
- (Signalwa)	well, this form must be accompanied by with RULE 111.  tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allowed mails.
Operations Superintendent (Tule)	II
	Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditi-
December 21, 1983	well name or number, or transporter, or other social and in multip

(Date)

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL		
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OPERATOR	_		
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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

DAS		REC	QUEST FOR	≀D ND	ABLE		多运用 <b>测</b>	
PROBATION OFFICE	T AUT	HORIZATION T			AND NATUR	RAL GAS		<b>250</b>
								1
Operator							14 Jan 1984	<del>'{</del>
Gary-Williams O	il Producer.	Inc.				\$. *		IV.
Four Inverness	Court East, E	nalewood, J	CO 8011	2-5599	<del></del>		3_	
Reason(s) for filing (Check	k proper box)				Other (Please			
New Well Recompletion Change in Ownership	Cho	nge in Transporte Oil Casinghead Gas		y Gas ondensate	Operator	Name Change		
If change of ownership g and address of previous	owner	l Gary Oil	Produce	r, Inc	•			
II. DESCRIPTION OF	WELL AND LEASI	II No. Pool Name	Including F	ormation	1	Kind of Lease		Lease No.
San Isidro 18		8 Unde	<u>signate</u>	Ac II	fee.	State, Federal or Fee	Federal	<u>NM 38576</u>
Location	2015			_	- 1/10			
Unit Letter H		et From The <u>no</u>	rthL	ne and 🍱	64.5	Feet From The 6	dSt	
Line of Section 18	Township 20	ON	Range	3W	, NMPN	. Sando	val	County
III. DESIGNATION C	F TRANSPORTER	OF OIL AND	NATURA	L GAS	(Cine address	to which approved copy	of this form is	to be sent)
Name of Authorized Trans	porter of Oil XX	or Condensate		7,30.00	(Cive Bauress	to which oppositely,		
Name of Authorized Trans	porter of Casinghead	Gas or Dry	r Gas 🔲	Address	(Give address	to which approved copy	of this form is	to be sent)
Name at Authorized 1151	,	_						
If well produces oil or lie	quids, Unit	Sec. Twp	. Rge.	15 935	octually connec	when		
give location of tanks.					ingling orde	r number:		
If this production is con	nmingled with that f	rom any other le	ease or poor	, give co.	initing ting of a			
NOTE: Complete Pa	erts IV and V on re	verse side if ne	cessary.	11			D11 11 01 0 1 1	
VI. CERTIFICATE OF	COMPLIANCE			26	, OIL 0	CONSERVATION I		0, <u>1984</u>
I hereby certify that the rul been complied with and tha my knowledge and belief.	es and regulations of the t the information given	e Oil Conservation is true and complet	Division have te to the best o		ROVER	SUPERVISOR DISTRIC	1 1 5	y 19

Ray Hagu	
(Signature)	
Operations Superintendent	
(Title)	

December 21, 1983

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepene 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 multiple completed wells.

Octo Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
levations (DF, RKB, RT, GR, etc.;	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AI	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			l l
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
OIL WELL	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load depth or be for full 24 hours)  Producing Method (Flow, pump, ga	
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test	able for this	sepin or be jor juil 24 hours;	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, stc.)
OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test  Tubing Pressure	Producing Method (Flow, pump, ga	s lift, etc.) Choke Size
OIL WELL Date First New Oil Run To Tanks Length of Test	Date of Test  Tubing Pressure	Producing Method (Flow, pump, ga	s lift, etc.) Choke Size

IV. COMPLETION DATA