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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

The Gary-Williams	Correlli 1 i ama Commens								API No. 043 20724		
Address								043 20724			
	<u>uite</u> 530	00, De	nver,	CO 8	30203						
New Well	casco(s) for Filing (Check proper box) We Well Change is Transporter of: Over a tor Name and Adda										
Recompletion	Oil		Dry Gas		Operato	or Name a	nd Addr	ess Change	9		
Change in Operator	Casinghea		Conden								
If change of operator give name and address of previous operator	y-Willia	ms Oi	l Pro	ducer,	Inc., 1	15 Inver	ness Dr	.E.,Englew	xxxx, C	0 80112-511	
IL DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Ceja Pelon 25	Well No. Pool Name, Inc. 2 Rio Pt				ding Formation erco Mancos			Kind of Lease		Lease No.	
Location			R	10 Pue	rco Mano	os)APRIL	Federal or France	NM-256	DIT	
Unit LetterB	:660)	. Feet Fro	m The _	North _{Lin}	e and198	0F	eet From The	East	Line	
Section 25 Townshi	p 21N		Range	4W	, N	мрм,	Sandov	al		County	
III. DESIGNATION OF TRAN	SPARTE	P ()P ()	II ANT	NATT	DAT CAC	_					
Name of Authorized Transporter of Oil		or Conder		NAIU		e address to wi	tich approved	copy of this form	is to be se	nt)	
Gary-Williams Energy Corporation					370 17th Street, Suite 5300, Denver, CO 80203						
Name of Authorized Transporter of Casing	ghead Gas		or Dry C	ies	Address (Gir	e address to wi	hick approved	copy of this form	is to be se	nt)	
N/A If well produces oil or liquids,	Sec.	Twp.	Rge.	Is gas actually connected? When							
well produces oil or liquids, Unit Sec. Twp. Rge. is gas act a location of tanks.											
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or	pool, give	comming	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compi	l. Ready to	Prod.		Total Depth	<u> </u>	<u>i</u> _	P.B.T.D.		-	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe							
HOLE SIZE	TUBING, CASING AND								01010 2511515		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		of load oil	and must		exceed top allo thod (Flow, pu			full 24 hour	·s.)	
Section for Not 10 Idea	Date of Tea	•			I locatoring two	BP	CIW	(n) 3			
Length of Test	Tubing Pressure				Casing Pressure			Choice Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls. FEB 0 5 1990			Gas- MCF			
GAS WELL	1				L	OIL C	ON. D	IV.			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF DIST. 3			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIANO	Œ	\					i	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					(OIL CONSERVATION DIVISION					
					FEB 0 5 1990						
					Date	Approved	d	1			
Signature McDonald Administrative Agglt					By_	,					
Nancy McDoMald Administrative Ass't Printed Name Title					SUPERVISOR DISTRICT #3						
1/29/90 Date	303/628		phone No.								

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.