Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Astesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	·						Well	API No.		
The Gary-Williams C	30 043 20744									
Address 370 17th Street, Su	ite 530	00, Der	nver,	CO 8	0203					
Reason(s) for Filing (Check proper box)					XX Oth	et (Please expla	iin)			
New Well		Change in	Transporte	r of:	Operato	r Name ar	nd Addre	ess Chanc	ge ge	
Recompletion	Oil Cosinetas	46 📙	Dry Gas	🗀				•	-	
Change in Operator	Casinghead		Condensa		T 1	15 7				
d address of previous operator Gary	-WIIIIa	ims Ol	L Prodi	<u>acer,</u>	Inc., I	15 Inver	ness Dr.	E.,Engle	ewood, C	xo 80112 -
DESCRIPTION OF WELL	AND LEA	SE								
Asses Name	7/1/		Pool Nam	e, Includi	ng Formation			f Lease	_	ease No.
Ceja Pelon 28 1537	8	14	Rio	Puero	co Manco	<u> </u>	***	Federal or Fee	x NM-23	3230
Unit Letter N	. 970)		_	South Lin	216	50 _		West	
Unit Letter	-:	<u></u>	Feet Proces	The	<u>Journ</u> Lin	and	Fe	et From The _	11000	Line
Section 28 Township	21N		Range	4W	, N	ирм,	Sandova	<u> 1</u>		County
	CROREE	D OF O		.						
I. DESIGNATION OF TRANS ame of Authorized Transporter of Oil		or Conden		NATU		e address to wh	ich anaroued	com of this fo	re is to be se	
Gary-Williams Energy C	$r_{\Delta \Delta}$	-		الــ			• •			CO 80203
ms of Authorized Transporter of Casing			or Dry Ga	u		address to wh				
I/A	 ;	·····								
well produces oil or liquids, e location of tanks.	Unit	Unit Sec. Twp. Rge.			Is gas actually connected? When			(?		
nis production is commingled with that f	mm sav orb		2001 0000		N/A		L			
COMPLETION DATA	IOILI MILY OUR	N TORRE OF 1	ACC, gave c	OHERMINE	mik order mmis	<u></u>				
		Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion -		<u></u>			1			1		1
e Spudded	Date Comp	i. Ready to	Prod.		Total Depth			P.B.T.D.		
vations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fo	rmation		Top Oil/Gas Pay			Tubing Depth		
						·				
forations					<u> </u>			Depth Casing	Shoe	
10.500	T		•	_	CEMENTI	NG RECORI	<u> </u>		10/0 0514	-
HOLE SIZE	CAS	ING & TU	BING SIZ	<u> </u>		DEPTH SET		5	ACKS CEMI	ENI
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						-				
-									· 6.11 24 have	1
L WELL (Test must be after re	covery of lot	ial volume o		and must					or full 24 hou	rs.)
L WELL (Test must be after re		ial volume o		and must		exceed top allo shod (Flow, pu			or full 24 hou	rs.)
L WELL (Test must be after re te First New Oil Run To Tank	covery of lot	tal volume (and must		thod (Flow, pu			or full 24 hou	rs.)
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L WELL (Test must be after re te First New Oil Run To Tank rigth of Test rual Prod. During Test	Date of Test Tubing Pres	tal volume (and must	Casin Dess Water White	thod (Flow, pu	mp, gas lift, e	oke Size	or full 24 hou	rs.)
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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.