

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, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Energy Development Corporation		Well API No. 30-043-20855
Address 1000 Louisiana, Suite 2900 Houston, TX 77002		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

RECEIVED
JAN 28 1994
OIL CON. DIV
DIST

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Isidro 11	Well No. 14	Pool Name, Including Formation Rio Puerco-Mancos	Kind of Lease State, Federal or Fee	Lease No. NM-39532
Location Unit Letter N : 934 Feet From The South Line and 1975 Feet From The West Line Section 11 Township 20N Range 3W, NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Williams Energy	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N.A.	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	N 11 20N 3W No N.A.

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7/31/90	Date Compl. Ready to Prod. 5/16/93	Total Depth 4645	P.B.T.D. 6309					
Elevations (DF, RKB, RT, GR, etc.) 6865 GL	Name of Producing Formation Mancos	Top Oil/Gas Pay 3880	Tubing Depth 3990					
Perforations			Depth Casing Shoe 3250					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
24"	16" Conductor	60' 80	150 sx class "G"					
14 3/4"	9 5/8"-1.9" Parasite	3250' 3500	1400 200					
8 3/4"	Open Hole							
	2 7/8"	3990'						

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank 5/16/93	Date of Test 5/16/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 5	Casing Pressure 10	Choke Size N.A.
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 1	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

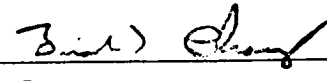
VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Gene Linton Supervisor-Prod. Acct.
Printed Name
12/1/93 713/750-7563 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 28 1994

By 
SUPERVISOR DISTRICT 18
Title

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.