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Appropriate District Office
DISTRICT L
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 DISTRICT II P.O. Drawer DD, Artesia, NA1 88210

P.O. Box 2088

New Mexico 87504-2088

DISTRICT III		anta re, new r					/			
000 Rio Brazos Rd., Адес, NM 87410 -	REQUEST F	OR ALLOWA	ABLE AND IL AND NA	AUTHO TURAL	RIZATI GAS					
Operator ANOCO PRODUCTION COMPAI		Well API No. 300392199200								
Address P.O. BOX 800, DENVER, (COLORADO 802	201		(0)						
Reason(a) for Filing (Check proper box)	0	in Transporter of:	O.	het (Please e	explain)					
New Well	- r-	in Transporter of:								
Recompletion []	Casinghead Gas									
f change of operator give name and address of previous operator										
I. DESCRIPTION OF WELL			F			Viod o	(Leuse		ase No.	
Lease Name JICARILLA APACHE TRIBA		Well No. Pool Name, Including BASTN DAKO		OTA (PRORATED GAS)			Federal or Fee	II.		
Location Unit LetterK	:1450	Feet From The .	FSL Li	ne and	1500	Fee	et From The _	FWL	Line	
Section 01 Township	24N	Range 5W	1	чмрм,		R10	ARR1BA		County	
II. DESIGNATION OF TRAN	SPORTER OF	OIL AND NAT	URAL GAS	<u> </u>						
Name of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)						
GARY WILLIAMS ENERGY C	ORPORATION	or Dry Gas		30X 159	BLOC	METE	LD - NM-	.87413 vm is to be set	 nd)	
Name of Authorized Transporter of Casing		of Dif Cas LA	- 1				TX 79		·	
<u>EL_PASO_NATURAL_GAS_CO</u> If well produces oil or liquids, rive location of tanks.	Unit Sec.	Twp. R	ge. Is gas actua			When				
this production is conuningled with that f V. COMPLETION DATA	from any other lease	or pool, give commi	ngling order nur	nber:						
Designate Type of Completion	- (X) - (X) -	ell Gas Well	New Well	! Workove	er Do	epen	Plug Back	Same Res'v	Diff Resiv	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	_ I			P.B.T.D.		· I	
Name of Producing Formation 'cirlorations'			Top Oil/Gai	Top Oil/Gas Pay			Tubing Depth			
								Depth Casing Shoe		
			D. CEL LENT	INC DEC	CORD					
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			D CEMENT	DEPTH SET				SACKS CEMENT		
HOLE SIZE	CASING									
	·]			
V. TEST DATA AND REQUES	ST FOR ALLOV ecovery of total volum	VABLE	in the same of the	or exceed to	n allamable	e for the	s depth or be l	for full 24 hou	rs J	
OH. WELL (Test must be after r. Date First New Oil Run To Tank	Date of Test	ne oj toda ou ana m	Producing I	Method (Flor	w, pump, g	us lýi, e	ic)			
Length of Test	Tubing Pressure			Casing Pressure				E 100		
Length of Yes	Tubing Treasure		Int -			GA-MCF				
Actual Prod. During Test	Oil - Bbis.		Water - Bb			JUL	2 1990			
GAS WELL					O	LC	ON_r	IV L		
Actual Prod. Test - MCT/D	Length of Test	Bbls. Cond	Bbls. Condensate/MMCF			ST. 3				
Testing Method (pitot, back pr.)	Tubing Pressure (S	Casing Pres	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my Signature Doing W. Whaley, Sta	lations of the Oil Con that the information; knowledge and belief	servation given above	Ву	te Appro	_ bevc る	J ^) (1) (2) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	DIVISIO 1990 STRICT		
June 25, 1990		3-830-4280_	- Titl -	·						

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.