Submit 5 Copies
Approving 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 1-1-39
See Instructions
at Bettom of Pag

DISTRICT II P.O. Drawer DD, Artenia, 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

I.		TO TRA	ANS	PORT O	IL AND N	ATURAL	GAS							
Operacor Benson Montin G	Wel				II API No.									
Address			1 3	0-039-23	3858									
221 Petroleum C	enter Bu	uildin	g, E	Farmingt	on, New	Mexico	5	37401						
Reason(s) for Filing (Check proper box)	N. T. W. W. C.													
Recompletion	Oil	Change in	Dry	sporter of:										
Change in Operator		d Gas 🔯		iennie										
If change of operator give name and address of previous operator Or	yx Energ			P 0	Box 263	00 Ok1	ahoma	Cita	, O V	731	.26-0	1300		
•	-		Juliy	,	DOX 203	OO, OKI	anoma	CIL	, O.K.	13	.20-0	300		
IL DESCRIPTION OF WELL Lease Name	AND LEA		Pool	Name, includ	ding Formation Kin				of Lease			ezas No.		
Janet "B"		, , ,								inte, Federal or Fee				
Location	1850				N				-			7		
Unit Letter	_::_	U	Foot	From The	North Line and 990 F				Feet From The West Line					
Section 21 Townsh	ip 25N Range 2W					, NMPM,				Rio Arriba County				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS														
Name of Authorized Transporter of Oil	IRAL GAS Address (Give address to which approved copy of this form it to be sent)													
Giant Refining Co.									68					
Name of Authorized Transporter of Casin	y Gas 🗀	Address (G	copy of this ;	form is	io be se	nt)								
Benson-Montin-Greer Dr									g., Farmington,NM 87401					
give location of tanks.	I E	21	Twp. 251	: -	ves	ny connected	.7	When	7					
If this production is commingled with that	from any othe	r lease or p	200i, g			nber:								
IV. COMPLETION DATA		03.77	_,_											
Designate Type of Completion	- (X)	Oil Well	i	Gas Well	New Well	Workover	. l D	eeper.	Plug Back	Same 	Res'v	Diff Res	v	
Date Spudded	Date Compi	Data Compi. Ready to Prod.			Total Depth				P.B.T.D.	<u> </u>			\dashv	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Ton Oil/Goa barr									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth					
Perforations										Depth Casing Shoe				
HOLE SIZE		CEMENTING RECORD DEPTH SET				SACKS CEMENT								
	CASING & TUBING SIZE				DEFINSE				SACKS CEMENT					
													\Box	
	 												\dashv	
. TEST DATA AND REQUES	T FOR AI	LOWA	BLE											
OLL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	d volume of	i load	oil and must						or full	4 hours	r.)		
Sans Ling idea Oil Kitti 10 170K		Producing Method (Fiow, pump, gas lift etc.)												
ength of Test	Tubing Pressure				Casing Pressure				Che Diza		2 4	WE		
Actual Prod. During Test	During Test Oil - Bbls.													
active Four During 15st		Water - Bbis				GallMar	DEC	201	991,	1.7				
GAS WELL	1								Oli	· ~	201			
Actual Prod. Test - MCF/D	Leagth of Te	Length of Test				Bbis. Condensate/MMCF				OIL CON. DIV				
											3 1	. *		
sating Method (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size					
L OPERATOR CERTIFIC	ATE OF (OMPI	TΔN	ICE	<u> </u>									
I OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved DEC 2 0 1991								
and best of the season of the						Date Approved UEG 20 53								
flewig per					Sa 17(2)									
Albert R. Greer President					By Started Yava								—	
Printed Name Title					Title	S	UPERV	ISC R	DISTRIC	T#Y3				
72-19-91 505/325-8874 Date Telephone No.									- - -					
				<u> </u>										

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.