

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

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator NM & O Operating Company	Well API No. 30-T-0005
Address 2200 Philtower Building Tulsa, Oklahoma 74103	
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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Guardian Federal	Well No. #1	Pool Name, including Formation Gavilan Picture Cliffs	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter P : 790 Feet From The East Line and 790 Feet From The South Line Section 5 Township 25N Range 2W , NMPM, Rio Arriba, N.M. County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 5	Twp. 25N	Rge. 2W	Is gas actually connected? Yes	When? 11-

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 3-28-86	Date Compl. Ready to Prod. 5-2-86	Total Depth 3,953		P.B.T.D. 3,909				
Elevations (DF, RKB, RT, GR, etc.) 7382 KB	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3792 3850		Tubing Depth 3,830			
Perforations 3850-59 9' 2 SPf 18 holes					Depth Casing Shoe 3,950			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/8	CASING & TUBING SIZE 8 5/8		DEPTH SET 335'		SACKS CEMENT 350 SX			
7 7/8	4 1/2		3,950		210 SX			

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.)

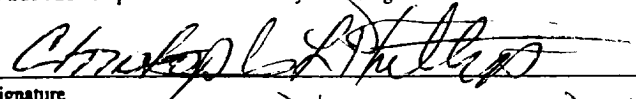
Date First New Oil Run To Tank -	Date of Test -	Producing Method (Flow, pump, gas lift) -	DEC 26 1989 OIL CON. DIV. DIST. 3
Length of Test -	Tubing Pressure -	Casing Pressure -	
Actual Prod. During Test -	Oil - Bbls. -	Water - Bbls. -	

GAS WELL

Actual Prod. Test - MCF/D 75	Length of Test 24	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 875#	Casing Pressure (Shut-in) 835#	Choke Size 1#

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
Christopher L. Phillips VICE-PRESIDENT
Printed Name
12-4-89 **980-584-3802**
Date
980-584-3802
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 26 1989**
By **Supervisor, District III**
Title **SUPERVISOR DISTRICT III**

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.