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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

DISTRICE II P.O. Drawer DD, Antesia, NM 88210

Santa Fe, New Mexico 87504-2088

I.				BLE AND AUTHORIZA			
Operator	TO TRANSPORT OF				S Well API No.		
CENTRAL RESOURCES, INC.					3003906735		
1776 LINCOLN STREE Reason(s) for Filing (Check proper box)	T STE. 1010,	DENVER,	, COLO				
New Well []		e in Transport	cr of:	Other (Please explain))		
Recompletion		Dry Gas					
Change in Operator X	Casinghead Gas	Condensa	ik 🔀				
f change of operator give name and address of previous operator N	ational Coop	erative	Refin	nery Association, I	O Box 1404, McI	herson, KS 674	
II. DESCRIPTION OF WELI							
Lease Name Candado	Well N 11	lo. Pool Nan Rlanc	c, Includ	ing Formation ctured Cliffs, So.	Kind of Lease	Lease No. SF079161	
Location		L			State, (Federal) or Fee	31079101	
Unit LetterA	: 900	Feet From	n The _N	North Line and 900	Feet From The	East Line	
Section 3 Towns	hip 26N	Range	7W	NMPM,	Rio Arril		
II. DESIGNATION OF TRA	NSDADTED AE	COLL ABILIT	BIA TEL	DALGAG			
II. DESIGNATION OF TRA	r1 or Con-	4	MA I U	Address (Give address to which	approved copy of this form	is to be sent)	
Gary-Williams Energy				370 17th Street,	, Ste.5300, Den	ver, CO. 80202	
Name of Authorized Transporter of Casi El Paso Natural Gas	Authorized Transporter of Casinghead Gas [] or Dry Gas XX			Address (Give address to which approved copy of this form is to be sent) PO BOX 1492, E1 Paso, TX. 79978			
If well produces oil or liquids, ive location of tanks.	Unit Sec.	l'wp.	Rge.	Is gas actually connected?	When 7	/8	
this production is commingled with the V. COMPLETION DATA	t from any other lease	ll or pool, give o	comming	ling order number:	1956		
Doctorus Time (72	Oil W	ell Gas	ı Well	New Well Workover	Deepen Plug Back Sai	ne Res'v Diff Res'v	
Designate Type of Completion Date Spaidded	Date Compl. Ready to Prod.			Total Depth			
levations (DF, RKB, RI, GR, etc.)				·	P.B.T.D.		
				Top Oil/Oat Pay	Tubing Depth	Tubing Depth	
erforations					Depth Casing Sl	100	
	TUBING	G, CASINO	AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET	DEPTH SET SACKS CEMENT		
					45 111		
				MEGE	7,000		
. TEST DATA AND REQUE	ST FOR ALLOY	VABLE		101	6199 3 1		
II. WELL (Test must be after bute First New Oil Run To Tank	recovery of total volum	ne of load oil o	ond must	be equal to or exceed in allowab	ole for the CANA Or be for fi	dl 24 hows.)	
are this new thi Run to Tank	Date of Test			be equal to or exceed in allowal Producing Method (Flow, 1	M. M. elc.)		
ength of Test	Tubing Pressure			Casing Pressure	Choke Size		
ectual Prod. During Test	Oil - Bbis.			Water - Ubla	Gas- MCF		
14 C 31/71 1							
IAS WELL clual Prod. Test - MCF/D	" (f. 155.compress of the			F 22 2 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
rest MCM	Length of Test			Bbls. Condensate/MMCF	Gravity of Conde	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shullin)	Choke Size		
I. OPERATOR CERTIFIC	ATE OF COM	DLIANG					
I hereby certify that the rules and regul	ALE OF COM	PLIANC.	じ	OIL CONSI	=RVATION DIV	/ISION	
Division have been complied with and that the information given above				OIL CONSERVATION DIVISION			
is true and complete to the best of my	knowledge and belief.			Date Approved	AUG 1 6 1993		
hat to h	inst.			. ,	. A		
Signature Scott A. Smith	V.P. Ope	rations/	 /		is Chang		
Printed Name		Title Eng		g Title SUP	ERVISOR DISTRIC	T #3	
7/31/93 Date	(303) 830-01 Te	00 Teptione No.					

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.