Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICTION

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

P.O. Box 2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

1.	REQUEST FOR ALLOWA	BLE AND AUTHORIZAT L AND NATURAL GAS	TION
CENTRAL RESOURCES,			Well API No. 3003921450
Reason(s) for Filing (Check proper box) New Well [] Recompletion []	Change in Transposter of: Oil Dry Gas	ORADO 80203 Other (Please explain)	
Change in Operator (X) If change of operator give name and address of previous operator (No. 1)	Casinghead Gas Condensate Cational Cooperative Refir	nery Association, PC	Box 1404, McPherson, KS 674
II. DESCRIPTION OF WELL Lease Name Candado		ing Formation	Kind of Lease State, Federal or Fee SF079161
Location Unit LetterA	: 1175 Feet From The N	orth_Line and1020_	Feet From The East Line
Section 3 Townsh	ip 26N Range 7W	, NMPM,	Rio Arriba County
Name of Authorized Transporter of Oil Gary-Williams Energy Name of Authorized Transporter of Casir		Address (Give address to which a 370 17th Street,	pproved copy of this form is to be sent) Ste.5300, Denver, CO. 80202 pproved copy of this form is to be sent)
El Paso Natural Gas If well pushuces oil or liquids, give location of tanks.	Unit	,	Paso, TX. 79978 When 7 1978
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:	1976
Designate Type of Completion	Oil Well Gas Well - (X)	New Well Workover De	eepen Plug Hack Same Res'v Diff Res'v
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	P.B.T.D. Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH ST	SACKS CEMENT
V. TEST DATA AND REQUE	•	CON	
OH. WELL (Test must be after to Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, go	as lyt, etc.)
ength of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL Actual Pred. Test - MCP/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut in)	Choke Size
VI. OPERATOR CERTIFIC Thereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	ations of the Oil Conservation that the information given above	OIL CONSE Date Approved	RVATION DIVISION AUG 1 6 1993
Signature Signature	wif	Ву	as de
Scott A. Smith Printed Name 7/31/93	V.P. Operations/ Title Engeeri (303) 830-0100	SII	PERVISOR DISTRICT #3

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.

Telephone No.

- 3) Uill 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.