

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator CENTRAL RESOURCES, INC.		Well API No. 3003921738
Address 1776 LINCOLN STREET STE. 1010, DENVER, COLORADO 80203		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator National Cooperative Refinery Association, PO Box 1404, McPherson, KS 67460		

II. DESCRIPTION OF WELL AND LEASE		Agreement #
Lease Name Candado	Well No. 22A	Pool Name, Including Formation Blanco Mesa Verde
Kind of Lease State (Federal) or Fee		Lease No. SCR57
Location Unit Letter <u>D</u> : <u>1190</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>26N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary-Williams Energy Corp.	Address (Give address to which approved copy of this form is to be sent) 370 17th Street, Ste.5300, Denver, CO. 80202
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) PO BOX 1492, El Paso, TX. 79978
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec <u>4</u> Twp. <u>26N</u> Rge. <u>7W</u>	Is gas actually connected? <u>yes</u> When? <u>1979</u>
If this production is commingled with that from any other lease or pool, give commingling order number:	

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

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
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - Bbls.
Producing Method (Flow, pump, gas lift, etc.)	Casing Pressure
Water - Bbls.	Water - Bbls.
GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)
Bbls. Condensate/MMCF	Gravity of Condensate
Casing Pressure (Shut-in)	Choke Size

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 Scott A. Smith	V.P. Operations/ Title Engineering
Printed Name 7/31/93	Telephone No. (303) 830-0100
OIL CONSERVATION DIVISION AUG 18 1993	
Date Approved	
By <u>Supervisor</u> SUPERVISOR DISTRICT #3	
Title	

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.