Submit 5 Copies Appropriate District Office DISTRICTI P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210

## 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

Santa Fe, New Mexico 87504-2088

| DISTRICT.III  | Salita Pe, New Mex  |                                |   |
|---|---|--------------------------------|---|
| 1000 Rio Brazos Rd., Aztec, NM 87410  | REQUEST FOR ALLOWABL  | E AND AUTHORIZAT               | TION  |
| I   | TO TRANSPORT OIL  | AND NATURAL GAS                | Well API No.                                |
| Operator  | Production Company  |                                | 30-045-22580                                |
| Orano Emp   | Production dompany  |                                |   |
| Address<br>P.O. Box 2810, Farming   | ton, New Mexico 87499   |                                |   |
| Reason(s) for Filing (Check proper box)   | _   | Other (Please explain)         |   |
| New Well  | Change in Transporter of:  Oil Dry Gas                        |                                | 1 1000                                      |
| KKComptenon KX  | Casinuhead Gas Condensate                                     |                                | ffective July 1, 1990                       |
| If change of operator give name Hixo  | n Development Company,  | P.O. Box 2810, Far             | mington, N.M. 87499                         |
| and address of previous operator  |   |                                |   |
| II. DESCRIPTION OF WELL A   | ND LEASE   Well No.   Pool Name, Including                    | e Formation                    | Kind of Lease Lease No.                     |
| Lease Name  | 1 WAW Fruitla   | and Sand-Pictured              | State, Federal or Fee 14-20-603-1449        |
| Ka Gee Tah  |   | Cliffs                         | 11h   |
| F   | 1550 Feet From The No   | orth Line and 1850             | Feet From The West Line                     |
| Unit Letter   | 1.0   |                                | an Juan County                              |
| Section 10 Township   | 25N Range 1   | ZW , NMPM, S                   |   |
| III. DESIGNATION OF TRANS   | SPORTER OF OIL AND NATU                                       | RAL GAS                        | City Contract to cont                       |
| Name of Authorized Transporter of Oil   | or Condensate   | Address (Give address to which | approved copy of this form is to be sent)   |
|   |   |                                | approved copy of this form is to be sent)   |
| Name of Authorized Transporter of Casingle  | head Gas or Dry Gas X   | PO Box 4990,                   | Farmington, NM 87499                        |
| El Paso Natural Gas   | Company   | Is gas actually connected?     | When?                                       |
| If well produces oil or liquids,<br>give location of tanks.   |   | Yes                            | August 21, 1978                             |
| If this production is commingled with that f  | rom any other lease or pool, give commingl                    | ing order number:              |   |
| IV. COMPLETION DATA   |   |                                | Deepen Plug Back Same Res'v Diff Res'v      |
| Designate Type of Completion  | Oil Well Gas Well   | 1 New Well   Holkolei          |   |
|   | Date Compl. Ready to Prod.                                    | Total Depth                    | P.B.T.D.                                    |
| Date Spudded  |   |                                | Tubing Depth                                |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation                                   | Top Oil/Gas Pay                | Tuoing Deput                                |
|   |   | 1                              | Depth Casing Shoe                           |
| Perforations  |   |                                |   |
|   | TUBING, CASING AND  | CEMENTING RECORD               | SACKS CEMENT                                |
| HOLE SIZE   | CASING & TUBING SIZE  | DEPTH SET                      | SACKS CEMEN                                 |
| 11002 0103  |   |                                |   |
|   |   |                                |   |
|   |   |                                |   |
| V. TEST DATA AND REQUES   | ST FOR ALLOWABLE  |                                | 12. Go this death or he for full 24 hours.) |
| OIL WELL (Test must be after t  | ST FOR ALLOWABLE recovery of total volume of load oil and mus | Producing Method (Flow, pun    | n east lift etc.                            |
| Date First New Oil Run To Tank  | Date of Test  | Producing Method (Flow, puri   | p, 822 yy, 432 y                            |
|   |   | Casing Pressure                | Choke Size                                  |
| Length of Test  | Tubing Pressure   |                                | m scelven                                   |
| Actual Prod. During Test  | Oil - Bbls.   | Water - Bbls.                  |   |
| Actual Prod. During Test  |   |                                | JUL 3 1990                                  |
| CAR SWELL   |   |                                |   |
| Actual Prod. Test - MCF/D   | Length of Test  | Bbis. Condensate/MMCI          | OIL CON DIV                                 |
|   |   | Casing Pressure (Shut-in)      | Choke S DIST. 3                             |
| l'esting Method (pitot, back pr.)   | Tubing Pressure (Shut-in)                                     | Casing Freedom (and            |   |
|   | COMPLIANCE  | -\                             | TERMINISTON                                 |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE  |   | OIL CONSERVATION DIVISION      |   |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above |   |                                | •   |
| Division have been complete with an   | y knowledge and belief.                                       | Date Approve                   |   |
| 12 , ~ 1  | V. I.I  | .                              | Bill) Glang                                 |
| ( Oden  | - Convice   | Ву                             | SUPERVISOR DISTRICT #3                      |
| Aldrich L. Kuchera  | President.  | -                              |   |
| Printed Name  | (505) 326-3325  | Title                          |   |
| JUN 2 2 1990  | Telephone No.   | -                              |   |
| Date  | •   |                                |   |

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
- All sections of this form must be filled out for allowable on new and recompleted wells.
   Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in multiply completed wells.