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

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

OIL CONSERVATION DIVISION

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 A NODODT OIL AND MATLIDAL GAS

| l. | 10 IAAI | NSPORT OIL | AND NA | UNAL GA | | TEL ST | | | |
|--|--|--|------------------------------------|---------------------------------------|------------------------------|------------------------|---------------|------------|--|
| Cipcianx | | | | | | API No. 0-045-27667 | | | |
| Address P.O. Box 2810, Farming | gton, New Mex | ico 87499 | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | Othe | r (Please explai | n) | | | İ | |
| New Well Change in Transporter of: | | | | | | | | | |
| Recompletion Oil Dry Gas | | | | | | | | | |
| Change in Operator | Casinghead Gas | Condensate 🔲 | | | | | | | |
| If change of operator give name | | | | | | | | | |
| and address of previous operator II. DESCRIPTION OF WELL A | AND LEASE | | | | | | | | |
| Lease Name | Well No. Pool Name, Includin | | | | ng Formation Kind o | | | ase No. | |
| Carson Unit 332 | 332 -10 | | | | ate, Federal or Fee NM 07032 | | 0322 | | |
| Location Unit LetterG | lorth Lin | and1650 | Fo | et From The | East | Line | | | |
| Section 10 Township 25N Range 12W , NMPM, San Juan | | | | | | | County | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) | | | | | | | | mt) | |
| | | | | | | | / - / | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas AX El Paso Natural Gas Co. | | | | | | copy of this form | n, N.M. 87499 | | |
| well produces oil or liquids, Unit Sec. Twp. Rive location of tanks. G 10 25N 12W | | | Is gas actually connected? When No | | | 7 | | | |
| If this production is commingled with that f | rom any other lease or p | ool, give commingl | ing order num | oer: | | | | , | |
| Designate Type of Completion - | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back Sa | me Res'v | Diff Res'v | |
| | Date Compl. Ready to | | Total Depth | l | | P.B.T.D. | | | |
| Date Spudded | 3-31-90 | | 1 | 501 | | | 401 | | |
| | | 1250 ' Top Oil/Gas Pay | | | 1194.49' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6231 GLE | Name of Producing For Fruitland Ba | and Basal Coal | | 941 | | Tubing Depth 1119' | | | |
| Perforations | | | | | | Depth Casing S | ihoc | } | |
| 1094' - 1114' | | | | | | <u> </u> | | | |
| TUBING, CASING AND (| | | | CEMENTING RECORD | | | | | |
| HOLE SIZE | CASING & TU | DEPTH SET | | | SACKS CEMENT | | | | |
| 8-3/4" | 7'' | | 122.74' | | | 120 sks. | | | |
| 6-1/4" | 4-1/2" | | 1228.09' | | | 155 sks. | | | |
| 0-1/4 | l | | | | | 175 585. | | | |
| | 1-1/2" | | 111 | 1119' | | | | | |
| V. TEST DATA AND REQUES | T FOR ALLOWA covery of total volume of | BLE | he equal to or | exceed top allow | unhle for thi | denth or he for | full 24 how | <u> </u> | |
| | | y sous on and must | Producing M | thod (Flow num | np. gas lift | m se | FIV | FIN | |
| Date First New Oil Run To Tank | Date of Test | | Producing Method (Flow, pump, gas | | | | | | |
| Length of Test | Tubing Pressure | | Casing Pressure | | | ÅPR 0 9 1990 | | | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbls. | | | TIL CON. DIV | | | |
| GAS WELL | | | | | | DIS | , T | | |
| Actual Prod. Test - MCF/D | Length of Test | | Bbls. Conden | sale/MMCF | | Gravity of Con | densate | ····· | |
| | • | | | | | 1 | | | |
| 348 | 24 hrs | | Casing Press | im (Shut-in) | | N/A Choke Size | · 100 , 100 + | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut- | ·w) | 1 | are (onter-in) | | 1 | | | |
| | 9 | | 58_ | | | 3/4" | | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation | | | OIL CONSERVATION DIVISION | | | | | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | Date | Approved | b | PR 26 19 5 | | | |
| Outil tenuera | | | | · · · · · · · · · · · · · · · · · · · | A | FR 40 133 | , U | | |
| Signature Aldrich L. Kuchera President | | | | By_ Share | | | | | |
| Printed Name April 6, 1990 (505) 326-3325 | | | | • | SUPER V | | RIGT ! | <u>.</u> 3 | |
| Date | Tele | phone No. | | | | THE LIFE WEST SERVICES | 97 (1. 1. 2 | | |
| A CARLO CARA CALL SANCE OF SANCER | The second of the second of | and the second s | 1, 10,00 | | | | | | |

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.