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

DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

P.O. Box 2088

Form C-104 Revised 1-1-89 OIL CONSERVATION DIVISION DEGE \$ 1890

MANUFACTOR STATEMENT OF THE PROPERTY OF THE STATEMENT OF

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

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

I.	HEQUEST FOR ALLOW TO TRANSPORT	WABLE AND AUTHORIZ OIL AND NATURAL GA	C
) · · · · · · · · · · · · · · · · · · ·	& Production Company		Well API N St. 5 30-045-28195
Address PO Box 2810, Farmin			
Reason(s) for Filing (Check proper b	ox)	Other (Please explain	n)
New Well	Change in Transporter of:		19
Recompletion	Oil Dry Gas		
Change in Operator	=,		
If change of operator give name	Casinghead Gas Condensate [
and address of previous operator			
II. DESCRIPTION OF WE			
Devon Nielsen	Well No. Pool Name, Inc. 1 Bisti L	cluding Formation . Lower Gallup	Kind of Lease Lease No. State, Federal or Fee NM 39017 Federal
Location	100 330	South 193	Federal III 33017
Unit Letter A P	Feet From The	North Line and 336:	Feet From The East . Line
Section Tow	nship 24N Range	11W , NMPM,	San Juan County
III. DESIGNATION OF TR	ANSPORTER OF OIL AND NA	TURAL GAS	-
Name of Authorized Transporter of O	il X or Condensate	Address (Give address to which	h approved copy of this form is to be sent)
Giant Refining		ļ.	ington, N.M. 87499
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Accises (Give address to which	h approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Ige. Is gas actually connected?	When ?
If this production is commingled with the IV. COMPLETION DATA	hat from any other lease or pool, give comm.		
Designate Type of Completion	on - (X) Gas Well	New Well Workover X	Deepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-27-90	11-8-90 /2-5-90	50501	5009.73'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
6488' GLE	Gallup	*	Tubing Depth
Perforations	Gallup	48341	4914 1 Depth Casing Shoe
48341 - 48441	CUDYIG O. O.		. Depart casing Snoe
LIAI F AGG		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	363.91'	230 sks.
7-7/8"	5-1/2"	5048.441	725 sks.
	2-3/8"	4914'	723 383.
V. TEST DATA AND REQUI	EST FOR ALLOWABLE		
· · -	r recovery of total volume of load oil and mu	ust be equal to or exceed top allowah	le for this depth or he for full 24 hours
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	
12-5-90	12-12-90		6 191, tic.)
ength of Test		Pumping	Contracti
24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	50	75	3/8"
seine tior Dating test	Oil - Bbls. 88	Water - Iblis. 2	Gas- MCF
CAS-WELL			TO BE BEE
GAS WELL Actual Prod. Test - MCF/D			- 2 - 3 M E
ACIUM Prod. Test - MCIVD	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
osting Method (pitox, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
T ODED ATOD OPPORT			CIL CON DIV.
	CATE OF COMPLIANCE	UII CONICI	ERVATION DIVESTOR
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of my	d that the information given above		MAY 0 6 1991
	(Date Approved	
Signature	tours	By Original S	iigned by FRANK T. CHAVEZ
Aldrich L. Kuchera President Printed Name Title DEC 1 9 1990 (505) 326-3325		Title SUPE	ERVISOR DISTRICT #3
DEC 1 9 1990	(2027 320-3323		······

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.