Submit 5 Copies
Appropriate District Office
DISTRICT I
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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	ı	UIRA	11125	JH I OIL	ANU NA	TUMAL G	AS				
Operator							Wall API No. 30-045-25528				
R & G DRILLING COMPAN		Corp						-043-23	J20		
P. O. Drawer 419		•		√ Mexid	0 87499						
Reason(s) for Filing (Check proper box)					Oth	er (Please expl					
New Well		Change in	•			in Oper				lussell	
Accompletion	Oil Casinghead	LCze 🗆	Dry Ga Conden	_	8/1/89	G Drill	ing Com	pany et:	tective		
	lliam C				Mesa Dr.	Formi	noton \	I M 07/	01		
id address of previous operator		· Rus.		3107	nesa DI.	raimi	ngton, N	N.M. 0/4	UI		
I. DESCRIPTION OF WELL.		SE Well No.	T					fless Fe	ed i	No	
.case Name Graham				ind of Lease Fed Lease No. ate, Federal or Fee NM-05791							
ocation	L	51 - A	DI	псо ме	sa verd	e					
Unit Letter	. 17	75	Feet Fr	om The	S Line	e and17.	25 Fe	et From The	Е	Line	
	071						San Juai	2		_	
Section 10 Township	27N	·	Range	8W	, NI	МРМ,	Sall Stal	.1		County	
II. DESIGNATION OF TRAN	SPORTEI	R OF O	IL AN	D NATU	RAL GAS						
lame of Authorized Transporter of Oil		or Conden		X	Address (Giv	e address to w					
orane kerining company						P. O. Box 1887 Farmington, N.M. 87499 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing El Paso Natural Gas C	P. O. Box 4990 Farmington, N.M. 87499										
f well produces oil or liquids,		Soc.	Twp.	Rge.							
ve location of tanks.	J	10	27	1 8W	Yes			· · · · · · · · · · · · · · · · · · ·			
this production is commingled with that i	from any other	r lease or	pool, giv	e comming!	ing order numl	ber:					
V. COMPLETION DATA		Oil Well		Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	i			i			İ	_i	
ate Spudded Date Compl. Ready to Prod.					Total Depth P.B.				B.T.D.		
Sunting (DE UVB UT CP 4/4)	Name of Broducing Commercian				Top Oil/Gas Pay			Tubing Depth			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation						•		rubing bepai			
erforations					·			Depth Casin	ig Shoe		
						NO DECOL		<u> </u>			
UOLE 0175	TUBING, CASING AND CASING & TUBING SIZE				CEMENTI	DEPTH SET		SACKS CEMENT			
HOLE SIZE					De, mee.						
								 			
. TEST DATA AND REQUES	T FOR A	HOW	ARIF		<u> </u>			<u> </u>			
IL WELL (Test must be after r				oil and must	be equal to or	exceed top all	lowable for thi	s depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Tes					ethod (Flow, p				,	
al at Table					Casing Press			Choke Size			
ength of Test	Tubing Pressure				Casing Fiess	uic					
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
								<u> </u>			
GAS WELL								<u> </u>			
Actual Prod. Test - MCF/D	est - MCF/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
I hereby certify that the rules and regul	lations of the	Oil Conser	rvation			OIL COI	NSERV	AHON	DIVISIO	אכ	
Division have been complied with and is true and complete to the best of my			en above	•							
FOR: R & G DRILLING	COMPANY		101155	514	Date	a Approve	ed	SEP 1	2 1989		
	OKIG	INAL SI						, L	_1	,	
Signature					∥ By_		70-	,) (Hand		
Ewell N. Walsh Printed Name		Agent			Title		SUPE	RVISION	DISTRI	CT # 3	
9/12/89	505 3	27-489			Inte						
Date		Tel	ephone h	₩.	H						

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.