STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

RECEIVED
JUN 15 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
ROMO CORPORATION

Address
P. O. BOX 1785, FARMINGTON, NM 87499

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of:
  - [ ] Oil
  - [ ] Casinghead Gas
  - [X] Dry Gas
  - [ ] Condensate

Other (Please explain)
WE WERE NOTIFIED TO CHANGE TRANSPORTER TO SUNTERRA GAS GATHERING. NOW WE WERE INFORMED TO CHANGE BACK TO ~~GAS~~ COMPANY OF NM

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
NEWSOM	4-R	BALLARD PICTURED CLIFFS	State, Federal or Fee FEDERAL	SF078433

Location
Unit Letter G : 1620 Feet From The NORTH Line and 1470 Feet From The EAST

Line of Section 18 Township 26N Range 8W , NMPM, SAN JUAN County

II. 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)
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
GAS COMPANY OF NEW MEXICO	P. O. BOX 1899, BLOOMFIELD, NM 87413

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					YES	JANUARY 19, 1987

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. 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 is true and complete to the best of my knowledge and belief.

ROMO CORPORATION

Kenneth E. Roddy
KENNETH E. RODDY (Signature)
PRESIDENT (Title)

JUNE 12, 1987 (Date)

OIL CONSERVATION DIVISION

APPROVED JUN 15 1987, 19

BY Frank T. Chavez

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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ENERGY AND MINERALS DEPARTMENT

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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RECEIVED
MAY 21 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
ROMO CORPORATION

Address
P. O. BOX 1785, FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of:
  - [ ] Oil
  - [ ] Casinghead Gas
  - [XX] Dry Gas
  - [ ] Condensate
- Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
NEWSOM	4-R	BALLARD PICTURED CLIFFS	FEDERAL	SF-078433

Location
Unit Letter G : 1620 Feet From The NORTH Line and 1470 Feet From The EAST

Line of Section 18 Township 26N Range 8W , NMPM, SAN JUAN County

I. 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)
NONE	
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
SUNTERRA GAS GATHERING COMPANY	P. O. BOX 26400, ALBUQUERQUE, NM 87125

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	18	26N	8W	YES	JANUARY 19, 1987

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: *Complete Parts IV and V on reverse side if necessary.*

V. 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 is true and complete to the best of my knowledge and belief.

ROMO CORPORATION

Kenneth E. Roddy
KENNETH E. RODDY (Signature)
PRESIDENT
(Title)
MAY 20, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 20 1987, 19

BY Frank T. Chavez

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

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V. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. R.
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/27/86	9/17/86	2150'	2092'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6246'KB	PICTURED CLIFFS	1997'	1952'
Perforations			**Depth Casing Shoe**
1956'-1964': 1966'-1972': 1976'-1982': 1994'-1997"			2134'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	171'	184 CU.FT.
7 7/8"	4 1/2"	2134'	609 CU. FT.
	1 1/2"	1952'	

TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**

S WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
/4"THC 705; CAOF 1931	3 HR.	-0-	-0-
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
BACK PRESSURE	282	282	3/4"