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

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised L-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Wall API No. Operator 30-045-27948 EDWARDS ASSOCIATES, INC. J.K. Address 1331-17TH STREET, SUITE 710, DENVER, COLORADO 80202

Reason(s) for Filing (Check proper box)					[_] Othe	s (Please expla	in)				
New Well		Change in	-	er of:							
Recompletion	Oil	Ų	Dry Gas	H							
Change in Operator	Casinghea	d Gas	Condensa	ile 📗							
f change of operator give name and address of previous operator					,, <u> </u>						
II. DESCRIPTION OF WELL	AND LE		, 								
Lease Name		Well No. Pool Name, Including				2011		of Lease No. Federalxox/1xex NM-12028			
COWSAROUND 22		2	BASI	N FRU	ITLAND COAL			MM-12028			
Location Unit LetterB	.:1	160	Feet From	n The NO	RTH Line		-	et From The _	EAST	Line	
Section 22 Township	26NO	RTH	Range	12WES	MM TS	1PM, SAN	JUAN	· · · · · · · · · · · · · · · · · · ·		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL (Name of Authorized Transporter of Oil or Condensate Addres						AL GAS Address (Give address to which approved copy of this form is to be sent)					
Water 100		2804									
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL			466	To . Annual contraction of the c					<u>, </u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	1\vp. 	Rge.	Is gas actually connected? When 7						
If this production is commingled with that it. IV. COMPLETION DATA	rom any oth	er lesse or p	pool, give	commingl	ing order numb	eri					
Designate Type of Completion	· (X)	Oil Well	Ga	well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Syndded	Date Com	Date Compl. Ready to Prod. 5-17-93			Total Depth			P.B.T.D.			
10/17/90	W/O P/L CONNECTION				1430			1405'			
Elevations (I)F, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
6166'	BASIN FR. COAL			1280'			1279'				
Perforations								Depth Casing Shoe			
1280'-1295', 1290'-1295', 1186'-1192								140	<u>5' </u>	·	
	7	TUBING,	CASIN	G AND	CEMEN'III	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE 8+3/4"	7" J-55				123'			50 SK "B"			
6-1/2"	4-1/2" J-55			1405'							
							40 SK 50/50 POZ				
	1-1/2"				1279'						
V. TEST DATA AND REQUES			ÄBLE		L						
OH WELL Continue to often				il and must	he equal to or	exceed ton alle	owable for th	is death or be i	for full 24 hou	rs.)	

Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbla. Actual Frod. During Test Oil - Bbls. CON GAS WELL WELL IS CAPABLE OF PRODUCING IN COMMERCIAL QUANTITIES DIST. 3 libis. Condensate/MMCF Actual Frod. Test - MCF/D Length of Test Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size l'esting Method (pitot, back pr.)

250

VI. OPERATOR 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 above is true and complete to the hest of my knowledge and belief.

1. There There	
Signature J. KEITH EDWARDS	PRESIDENT
Frinted Name MAY 17, 1993	Title 303/298-1400
Date	Telephone No.

OIL CONSERVATION DIVISION

JAN 2 1 1994 Date Approved .

DRIGINAL SIGNED BY ERNIE BUSCH By_

DEPUTY OIL & GAS INSPEC Title.

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

250

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of the visit on less 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, of 164. such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.