Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerais and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	TO TRA	NSP	ORT OIL	AND NA	TURAL G					
Operator CD PLATE AND COMPANY			Well	API No.							
GREAT WESTERN I	DRILLING	co.					L			 	
2550 La Plata	a Hwv. F	arming	gton.	NM 87	401						
Reason(s) for Filing (Check proper box)						er (Please expl	ain)				
New Well		Change in	-								
Change in Operator	Recompletion Oil Dry Gas LX Change in Operator Casinghead Gas Condensate										
If change of operator give name	CeanBroad		COLICE						· · · · · · · · · · · · · · · · · · ·	 	
and address of previous operator					<u>-</u>						
II. DESCRIPTION OF WELL	AND LEA		De el N	lama Inaludi	in Formation	·····	V:-A	-f1	1 12	No	
Lease Name BOND FEDERAL	Well No. Pool Name, Includi				_			of Lease Federal or Fee	Lease No. SF-078622		
BOND FEDERAL 1-E Ballard P. C. State, recent of rec SF-078622											
Unit Letter : 2165 Feet From The _East _ Line and 2195 Feet From The South Line											
Section 13 Township 26N Range 8W , 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)										u)	
Giant Refining Co.	Con [TT]	Box 356, Farmington, NM 87499									
Name of Authorized Transporter of Casinghead Gas or Dry Gas X GREAT WESTERN DRILLING CO.					Address (Give address to which approved copy of this form is to be sent) 2550 La Plata Hwy, Farmington, NM 87401						
If well produces oil or liquids, Unit Sec. Twp. Rge											
give location of tanks.	J	13	26N	<u>l 8w</u>	<u> </u>				······································		
If this production is commingled with that IV. COMPLETION DATA	from any othe	er lease or	pool, gi	ve comming	ling order numl	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Cas				Shoe		
	CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
						······································		 			
	 							 			
V. TEST DATA AND REQUES					·						
OIL WELL (Test must be after no Date First New Oil Run To Tank	oil and must		exceed top allethod (Flow, p			or full 24 hour	1)				
Date Firm New Oil Rull 10 Falls	Date of Test				Froducing Me	cuiou (<i>r tow, p</i> i	iσφ, gas i	j'e u i	I B M R		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size AUG 07 1932			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gai-MCF OIL CON. DRV.			
GAS WELL	l				<u> </u>			D			
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	sate/MMCF		Gravity of Co	ondensate		
T Mah i Z								the Company was the			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE		\!\ \cap \cap \cap \cap \cap \cap \cap \ca	1055:				
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.					AUG 0 7 1992						
^ ^					Date	Approve			Λ		
John B Theling So					By SUPERVISOR DISTRICT #3						
Signature John B. Keeling	ODiv. P	3 hor	Drie	Sun	∥ By_		SUPF	RVISOR D	ISTRICT	4.9	
Printed Name Title					Title.						
8-6-92 Date	327	'-0494	obone N	<u> </u>			······································	-			

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.