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Appropriate District Office
DISTRICT I
P.U. 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

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 TRANSPORT OIL AND NATURAL GAS

•		U INA	III	ON I UIL	AN UNA	TUNAL GA		1/011 4	DI No			
Operator Company								Well API No. 30-045-06968				
R & G Drilling Company C/O KM Product					CTOH COmpa	y		20-042-00300				
Address PO Box 2406, Farmington,	NM 87490)										
Reason(s) for Filing (Check proper box)					Oth	r (Please explo	ain)					
New Well	ı	Change in	Trans	porter of:								
Recompletion X	Oii		Dry (
Change in Operator	Casinghead	Gas 🗌	Cond	ensate							···-	
f change of operator give name												
nd address of previous operator		-,,,,			· · · · · · · · · · · · · · · · · · ·							
I. DESCRIPTION OF WELL			1				— т.	Z: •	£1		anca No	
Lease Name	i							7			ease No. 078863	
Krause		22	<u> </u>	Sasin Frui	tland Coal					31 -	070003	
Location	70	90 '			South -	. 1850	ا.ر	_		East	1:	
Unit LetterO	_ :_ 		_ Feet i	From The	South Lin	and		Fe	et From The		Line	
Section 32 Townshi	n 28N		Rang	e 11W	. NI	мрм,	San J	uan			County	
Section 22 Townshi	<u> </u>		- Name									
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conder			Address (Giv	e address to wi	hich app	roved	copy of this f	form is to be s	ent)	
										· · · · · ·	()	
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas Compan	"		<u> </u>		PO Box 4990, Farmingto							
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rgc.		Is gas actually connected?			When ?				
f this production is commingled with that	from next est	r lease or	nool -	nive comminal		 рег:						
f this production is commingled with that V. COMPLETION DATA	HOIR MEN OUN	of ICEPC OL	prott, §	PAA WEIRINIE	.up order Hull							
V. COMB DELICITOR DATA		Oil Well	<u> </u>	Gas Well	New Well	Workover	Dee	pen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i	X	į	I	Ĺ		Х	<u> </u>	<u> </u>	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth				P.B.T.D.			
11-19-55	10-16-92				1925'				18341			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
6053' KB Fruitland coal						1780				1803		
Perforations										Depth Casing Shoe		
1780-1784; 1790-1800; 1824					CIEN CIENTIA	NO DECOR	D		1925			
TUBING, CASING AND									SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				50 sx, 59 fr ³			
12 1/4"	9 5/8 36 #/ft 5 1/2 14 #/ft				1925				100 sx, 118 ft ³			
8 3/4"	5 1/2	14	#/11	<u> </u>	1923				IW SX,	. 110.11		
		<u> </u>			 				 			
V. TEST DATA AND REQUES	T FOR A	LLOW	ARL	E	L							
OIL WELL (Test must be after t	ecovery of Inl	tal volume	of loa	— d oil and must	be equal to or	exceed top alle	owable j	for this	s depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Tes				Producing M	ethod (Flow, pi	штр, да	: lift, e	etc.)			
New The Lack Of Von 10 1977	Date Of 1 Co.								miles a			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure				Choke Size			
												
Actual Prod. During Test	rod. During Test Oil - Bbls.				Water - Bbls.				Gas-MCF			
	<u></u>				<u> </u>				<u> </u>	 		
GAS WELL										, we V		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
No Flow					•							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
		ć			<u> </u>				<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE		~ · · · ·			ATION!	D1/404	7 N I	
I hereby certify that the rules and regul	ations of the	Oil Conse	rvation	_ ,	(OIL COM	NSE	H۷	AHON	אואוטו	אוע	
Division have been complied with and	that the infor	mation giv	en abc	ove					04 -	1002		
is true and complete to the best of my	logiopviedge an	nd belief.			Date	Approve	ed	N	OV - 5	1992		
1/1 /////									,	1 .		
Illum H. WI 18	N				D.,		7	. ,) d	lam/		
Signature		_			∥ By_				<u>, </u>	- 8		
'Kevin H. McCord		Petro:		<u>Enginee</u> r			SUP	ER	ISOR DI	STRICT	<i>‡</i> 3	
Printed Name		(505)3	Title 325-6		Title							
10-21-92 Date			ephone									
LIZIE					11							

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.