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State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICE II P.O. Drawer DD, Anesia, 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 TO TRANSPORT OIL AND NATURAL GAS

Operator		10 inz	NINOL	UNI UI	L AND W	TUHAL		ADUN			
Falcon Seaboard Oil Company					·		Well	Well API No. 300392080900s1			
Five Post Oak Park, S	uite 14	00, Ho	ustoi	n, Texa	s 77027						
Reason(s) for Filing (Check proper box)					O	her (Please exp	lain)				
New Well Change in Transporter of:											
Recompletion											
Change in Operator [x](2-1-93) Casinghead Gas [Condensate [
If change of operator give name and address of previous operator Ro	bert L.	Bayle	ss,	Р. О. В	ox 168,	Farmingt	on, NM	87499			
II. DESCRIPTION OF WELL	AND LEA		1 :								
Lease Name Conoco 29-4 Well No. Pool Name, Included To Gobernado								Kind of Lease		ease No.	
Location 7 Godernado					I F.C.			State Federal or Fee		118319	
						north Line and793			Feet From The Line		
Section 20 Township 29N Range 4W					, NMPM, Rio Arr			iba			
						IMPM,				County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil											
	X	or Conden	Sale		Address (Give address to which approved copy of this form is to be sent)						
Gary Williams Energy Corp.						P. O. Box 159, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Williams Field Services					Address (Gi	we oddress to w. ipeta Way	hich approved , Salt	d copy of this form is to be sent) Lake City, UT 84158			
If well produces oil or liquids, give location of tanks.	Unit E	S∞. 20	1wp. 29N	Rge.		ly connected?	When			 .	
f this production is commingled with that i	I			1.	1						
V. COMPLETION DATA	nom any out	i icase or p	ooi, giv	e commingi	ing order num	iber:					
Designate Type of Completion	(Y)	Oil Well	10	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Syndded	,	Pandy to			Total Depth	J	<u>L</u>	J	L		
Date Spaidded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations											
.								Depth Casing Shoe			
	71	IRING (CASIN	NG AND	CEMENTI	NC PECOP	ח	<u> </u>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE							0.000 0.000				
	OASING & TOBING SIZE				DEPTH SET			SACKS CEMENT			
							ļ				
								ļ 			
'. TEST DATA AND REQUES	T FOR AL	LOWA	BLE					L	· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after re	covery of tota	il volume oj	[load o	il and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour	s.)	
						Producing Method (Flow, pump, gas lyl, etc.)					
ength of Test	Tubing Pressure				Casing Pressu	ıre		Chole Lee			
ctual Prod. During Test Oil - Bbls.				Water - Bbis.			MAR 1 1 199 3				
								OIL CON. D			
GAS WELL									DIST.		
ctual Prod. Test - 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			
I ODED ATOD CERTIFICA								<u></u>			
I. OPERATOR CERTIFICATE OF COMPLIANCE							OFDV	TION 5			
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 complied to the best of my knowledge and belief.											
and some of the showledge and belief.					Date Approved MAR 1 1 1993						
Ida M. Snowls					4						
Signature John M. Sprowls Sr. Evaluations Engr.					By 3						
John M. Sprowls Sr. Evaluations Engr. Printed Name Title					Title SUPERVISOR DISTRICT #3						
March 5, 1993 (713) 622-0055 Date Telephone No.					Title SUPERVISOR DISTRICT #3						

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.