## STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

(Date)

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SANTA FE		1
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U.S.G.S.		
LAND OFFICE		
OIL		
TRANSPORTER	GAS	
OPERATOR		$\top$
PRORATION OFFICE		

## 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

## DECLIEST FOR

TRANSFORTER	GAS				RE	QUEST FO	OR ALLOV	VABLE			
OPERATOR							AND				
PRORATION OFFICE			AU	THOR	<b>IZATION</b>	TO TRANS	SPORT OIL	AND NATU	JRAL GAS		
<u> </u> .											
Operator		3 FAD							MA PO PO	भारत रहा है को	The same of the sa
Tenne	co Ui	I E&P									
Address			_						1.31	3 3 3 3	
P.O. I	Box 3	249 E	Inglewoo	od, (	0 8015	55			in the same of	Ω et storic	ALC:
Reason(s) for filing (Che	ck proper	box)						Other (Please	explain) JAN	<b>4 1</b> det	
New Well		Change in	n Transporter	of:						TABLE TO PARTY	
Recompletion		U Oil			D	ry Gas				DN. DIV.	i
Change in Ownersh	nip	L Cas	inghead Gas		□ c	ondensate			\Di	ાં. ઉ	
						<del></del>					
If change of ownership gi and address of previous											
and address or previous	<b></b>		_					****			
II. DESCRIPTION (	OF WEI	L AND	LEASE								
Lease Name	-			l No.	Pool Name,	, Including Form	nation		Kind of Lease		Lease No.
Vanderwart /	A LS		2	}	Mesav	rerde, Z	Blanco		State, Federal or Fee	Federal	\$F-078502
Location					L				<u> </u>		<u> </u>
Unit LetterN			1800			sou	ıth		1535	1	west
Onit Letter		•			_ Feet From	1 ne		Line and		Feet From The	
Line of Section ]	11		Townshi	. 2	29N		Range	8W	, NMPM,	San Ju	an -
	<del></del>						ridinge	011	, MAIFWI,	<u>Juli Out</u>	dfl County
III. DESIGNATION	OF TR/	ANSPOR	RTER OF (	OIL AN	ID NATU	RAL GAS					
Name of Authorized Trans						, , , L G, , C	Address (G	ive address to wh	ich approved copy of this i	form is to be sent)	
Name of Authorized Trans	sporter of C	asinghead	Gas 🗆 or Dr	Gas 🗆			Address (G	ive address to wh	ich approved copy of this i	orm is to be sent)	
El Paso Natu	ural (	as					P.0.	Box 499	0 Farmingto	on, NM 8740	1
	-		Unit	Sec.	Twp.	Rge.		ally connected?	When	,	
If well produces oil or liquigive location of tanks.	i <b>ds</b> ,		i	:	į	İ					
				<del></del>	1						
If this production is commit	ngled with t	that from an	ny other lease o	r pool, gi	ve comminglir	ng order numbe	er				
NOTE: Complete F	arts IV	and V o	on reverse	side ii	f necessa	ary.					
VI. CERTIFICATE (	OF COM	<b>IPLIAN</b>	CE						OIL CONSERVATI	ON DIVIGIONE	0.01000
I hereby certify that the rul	les and reg	ulations of	the Oil Conse	vation D	ivision have l	been complied	APPROV	/ED	OIL CONSERVATI	MFM	U & 1300
with and that the informat											,
							BY _		Original Signed	by FRANK I. CH.	AVEZ
٥.		<b>.</b>					TITLE			SUPERVISOR DISTI	RICT 🚻 🕽
X ta.o	1	EN tal	1				TITLE		<del></del>		
Dive	<u> </u>	<u>WIN</u>					This for	m is to be filed in	compliance with RULE 1	104.	
Cm Administ		. •	nature)				If this is	a request for all	lowable for a newly driller	d or deepened well, thi	s form must be accom
Sr. Administ	.i'd L I V						11		ne deviation tests taken or		
January 10	1000	(7	itle)				(1)		nust be filled out complete		
January 12,	1988							ich change of co	II, and VI for changes of on ndition.	wilet, well hame and or	number, or transporter
		(D	ate)				41				

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

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Decision to Time of Completion	^^	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.'v	
Designate Type of Completion —	- (X)	-	X		1	1	į	!		
Date Spudded	Date Com	pl. Ready to Prod.		Total Depth			P.B.T.D.			
11/21/87	12/29/87			5709'			5618'			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing Formation	)	Top Oil/Gas P	ay		Tubing Depth			
6301' GL	Me	esaverde					5342'			
Perforations		-			-		Depth Casing			
4660-5552						5709				
•		TUBING	, CASING, AN	D CEMENTIN	IG RECORD			-		
HOLE SIZE		CASING & TUBIN	IG SIZE		DEPTH SET			SACKS CEME	NT	
12-1/4"		9-5/	'8" 36#		267'		175sx (	lass B		
8-3/4"		7"	23#	3	451'		150sx (	lass B 4	115sx 65/3	
6-1/4"		4-1/	'2" 10.5#	5	709'		311sx 6	5/35 PO7	POZ	
		2-3/	'8"	5	342'					

V TEST DATA	AND REQUEST	FOR ALLOWABLE OIL WELL
4. I LOI DAIA	CITO ILCOLOI	I ON ALLOWADEL OIL WILL

(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)

TEGT DATA AND TIEGOED	TOTT ALLOWADEL OIL VILLE	depin or be for full 24 nours)			
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 - Bbis.	Water · Bbis.	Gas · MCF		
-					

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
2310	3 hours		
Testing Method (pilot, back pr.)	Tubing Presssure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure	510 psig	515 psig	3/4"