Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, 110bbs, 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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TOT	RANS	PORT OIL	AND NAT	URAL GA		No.			
SG Interests I, Ltd. 20572					Well API No. 30-045-27795					
Address										
P.O. Box 421, Blanco, (cason(s) for Filing (Check proper box)	NM 87412		 	Other	(Please explai	in)				
New Well Recompletion Change in Operator	Chan Oil Casinghead Gas	ge in Trans Dry Cone	Gas 🗌		en Chi		only			
change of operator give name Rob	ert L. Ba			x 168, Fa	armingtor	n, NM 8	7499			
nd address of previous operator		<u> </u>								
I. DESCRIPTION OF WELL A Lease Name Santa Rosa Com 7 /4/	Wel		Name, Includi sin Frit		7/62	Ctata T	Lease ederal of Fee		ise No.	
Location Unit Letter H		4 500	From The	North lin	and 10	079 Fx	st From The _	East	Line	
Unit Letter	0.037	Rar	057			an Juan			County	
II. DESIGNATION OF TRAN				RAL GAS						
Name of Authorized Transporter of Oil		Condensate		Address (Giv	e address to wh	hich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Casing	thead Gus	orl	Dry Gas	Address (Giv	e address to wi	hich approved	copy of this f	orm is to be se	n)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I			Is gas actuall	Is gas actually connected? When			?		
If this production is commingled with that IV. COMPLETION DATA	from any other le	ase or pool	, give comming	ling order num	ber:	······				
Designate Type of Completion		il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Produ	cing Forms	ntion	Top OiVG2s	Top OiVGas Pay			Tubing Depth		
rforations							Depth Casi	ng Shoe	•	
	TH	SING C	ASING ANI	CEMENT	ING RECO	RD	<u> </u>	<u>:</u>		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								<u> </u>	· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUE	ST FOR AL	LOWAE	ILE	1						
OIL WELL (Test must be after	recovery of total	volume of	load oil and mi	ust be equal to a	or exceed top a Method (Flow,	Howable for th	is depth or be	e for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test			Producing 1	vieulod (1.10%)	ρωνφ, _δ ω 19.,	A E.C.	FIV	के हैं। इ	
Length of Test	Tubing Pressu	re		Casing Pres	Casing Pressure			Carle Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bb	Water - Bbis.					
GAS WELL							OIL	ON. W	1 x x	
Actual Prod. Test - MCF/D	Length of Te	st		Bols. Cond	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pre	Casing Pressure (Sinut-In)			Choke Size		
VI. OPERATOR CERTIFICATION I hereby certify that the rules and regularistic policies of have been complied with artistrue and complete to the best of many complete to the best of many complete.	gulations of the O nd that the inform	il Conserva	ition	Da	OIL CC	•		1991	ON	
- Latricia a	-Siel	<u> </u>		- By		7	S e	hand		
Printed Name Title 11/13/91 (505) 325-5599				- Ti	Title SUPERVISOR DISTRICT #3					
11/13/91 Date	ne objective	Telep	phone No.	-						

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.