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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SG Interests I, Ltd.		Well API No. 30-045-27973
Address P. O. Box 421, Blanco, NM 87412-0421		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

RECEIVED
FEB 24 1992
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Rosa 6	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal, or Other	Lease No. SF077092-D
Location Unit Letter <u>G</u> : <u>1590</u> Feet From The <u>North</u> Line and <u>2225</u> Feet From The <u>East</u> Line Section <u>6</u> Township <u>29N</u> Range <u>9W</u> , <u>NMPM</u> San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 6	Twp. 29N	Rge. 9W	Is gas actually connected? No	When? Approx 3-15-92

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 10-15-90	Date Compl. Ready to Prod. 2-10-92		Total Depth 2360'		P.B.T.D. 2297'			
Elevations (DF, RKB, RT, GR, etc.) 5694' GL, 5704' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2120'		Tubing Depth 2227.42'			
Perforations 2120-2130', 2156'-2163', 2206'-2212', 2220'-2222'					Depth Casing Shoe 2341'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	133'	170 sx Class B w/2% CaCl
7 7/8"	4 1/2"	2342.21'	25 sx Class B + 225 sx
			Class B w/2% Econolite+
	2 3/8"	2227.42'	350 sx 50/50Poz Mix

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL * Well capable of commercial production - will submit IP when tested.

Actual Prod. Test - MCF/D *	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 120 psi	Casing Pressure (Shut-in) 620 psi	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Carrie A. Baze
Carrie A. Baze Agent
Printed Name
Date 2/17/92 (915) 694-6107
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 04 1992

By [Signature]
SUPERVISOR DISTRICT #3
Title _____

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.