Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	•	TO TR	ANS	PORT O	LAND NA	TURAL G		·			
Operator	7.1						1	API No.			
SG Interests I,	Ltd.						<u>l</u>	30-045-2	7976		
Address P. O. Box 421,	Blanco,	NM 8	741	2-0421			ě			•	
Reason(s) for Filing (Check proper box)					Ou	et (Please exp	lain)				
New Well		Change in	e Trac	sporter of:		(
Recompletion	Oil		•	Gas 🗆							
Change is Operator	Casinghead	d Cas	• '	densate							
If change of operator give name								 			
and address of previous operator								····			
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Well No. Pool Name, Includi							of Lease			
Santa Rosa 9		2 Basin Fru				itland Coal			Federal MDFMK SF076337		
Location		_		_							
Unit LetterN	_ :83	5	_ Feel	From The $\frac{S}{2}$	outh Li	e and22	<u>68 </u>	eet From The	West	Line	
	20	NT.		011							
Section 9 Townsh	ip 29	N	Ran	9W	, N	MPM,		San J	uan	County	
TT - DESCRIPTION OF TRAIN	····										
III. DESIGNATION OF TRAI	NSPURTE			LNU NATU		n add	hish same	d som afalla f	and in the trans		
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
None .											
	me of Authorized Transporter of Casinghead Gas or Dry Gas XX 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,	Unit					y connected?					
give location of tasks. None	l one i	346,	114) view	No.	A commercing t		pprox. 3	-15-92		
If this production is commingled with that	from any oth	er leane ca	nool.	give commine		her		pprox. 5	1.7 7.2		
IV. COMPLETION DATA			,	gre continue	INTERNATION	·					
		Oil Wel	$\overline{}$	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)	1	i	X	X			1	Committee of the control of the cont	1	
Date Spudded	Date Comp	i. Ready t	o Proc	i	Total Depth	·		P.B.T.D.	·	· *	
10-4-90	1	1-20-92				2320'			22481		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
5713' GL, 5723' KB	KB Fruitland Coal				2177'			2191'			
Perforations	4								Depth Casing Shoe		
2107 (-2117', 214	4'-2147	', 21.	50'-	-2158',	& 2205'-	-2223')			2289¹		
	T	TUBING, CASING AND				 					
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			126 SACKS CEMENT			
12 1/4"		8 5/	_		133'			25 sx Class B			
7 7/8"		4 1/2"			2289'			225 sx Class B			
								350 sx 50/50 Poz Mix			
V TENT DATA AND DECVE	COR POR A	2 3/		6	L	2191'		+35	C 43		
V. TEST DATA AND REQUE OIL WELL Test must be after				•				. IU	C.C.	1 W	
Duta First New Oil Rua To Tank	be equal to or exceed top allowable for this depth of the for full 4 tours										
Die Law lees Off Wife 10 1997	Date of Tes	•			Producting M	ecnou (r iow, p	enselv fem ikit	٠.	EB >		
Length of Test	Tubing Pres				Casing Press	un.	,	Choke Size	40 7	1992 - 4	
								OIL	CON		
Actual Prod. During Test	Oil - Bbis.	Oil - Bbls.			Water - Bbis.			Gas- MCF	Diam'r.	DIV	
									DIST.	3 ' '	
GAS WELL *Well capabl	a of so	mmoro	1 1	product	ion	11 0.1-	(+ TD1	hon took			
Actual Prod. Test - MCF/D	Length of		Lal	product.		LII SUDIR.	Tr Tr W	Gravity of C			
*						(7E1F-	•	7,27117 01 0	- Marianti and	* *	
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-is)			Casing Pressure (Shut-in)			Choke Size			
					600 psi						
VI OPERATOR CERTIFIC	TATE OF	COLO	DT T	ANCE	1	200 har			·····		
VL OPERATOR CERTIFICATE OF COMPLIANCE 1 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 complete to the best of my knowledge and belief.					Date Approved MAR 0 4 1992						
į						- Uhhiase	,	······································	. 		
Earnie a Bage						1 0 1					
Signature Carrie A. Baze Agent					By Sin Chang						
Printed Name Title							SUPER	IVISOR DI	STRICT	13	
2/03/92		(915)		4-6107	Title						
Date			ephoa				*				
					. 1 L						

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.