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Appropriete District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

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

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

DISTRICTIII

XXX Rio Brazos Rd., Azlec, NM 8/410	REQUEST F	OR ALLO	WABL	E AND AL	JTHORIZA	ATION 2				
perator	1011	ANSPORT	OIL F	אואט ואאו ר	JI IAL GAG	Well AP	i No.			
SG Interests I, Ltd.	terests I. Ltd.				30-045-29131					
Address				<u></u>					-	
P.O. Box 421				T-1 -0.1	(n)	· · · · · · · · · · · · · · · · · · ·				
Reason(s) for Filing (Check proper box)	G	- T-nanodes c	٠,	U Other	(Please explair	<i>y</i>				
New Well	Oil Change ii	n Transporter o Dry Gas	"			•				
Recompletion U	Casinghead Gas		<u> </u>	Œ	dd oi	& Tran	w. One	٠		
change of operator give name	Cadog.ioco v									
nd address of previous operator										
I. DESCRIPTION OF WELL		~ 				Trind of	Tanca	·	ase No.	
Lease Name	Well No. Pool Name, Including			States Fe			derokoo Fee			
Santa Rosa Com 6		Rasin	Frui	tland Co	al			 		
Location N	1055	Feet From T	_ S	South	and990	Eas	t From The _	West	Line	
Unit Letter	_ :	Feet From 1	lhe	Line	and	rec	i Pioni The _			
Section 6 Townsh	ip 29N	Range 9	M.	, NM	IPM, Sa	ın Juan			County	
III. DESIGNATION OF TRAI	NSPORTER OF	OIL AND N	NATUR	Address (Give	address to wh	ich approved	conv of this fo	orm is so be se	nt)	
Name of Authorized Transporter of Oil or Condensate Gary-Williams Energy Corporation				Address (Give address to which approved copy of this form is to be sent) 89 Road 4990, Bloomfield, NM 87413						
Gary-Williams Energy Name of Authorized Transporter of Casin	v	Address (Give address to which approved copy of this form is to be sent)								
El Paso Natural Gas C						Farming	ton, NM 87499			
If well produces oil or liquids,	Unit Sec.	Twp.		Is gas actually	connected?	When				
give location of tanks.	N 6		9W	Yes		Ap	prox. 2	/18/92		
If this production is commingled with tha	t from any other lease	or pool, give o	ommingli	ing order numb	er:					
IV. COMPLETION DATA				N	Wadenias	Dcepen	Dlug Back	Same Res v	Diff Res'v	
Designate Type of Completion	oil W	/ell [Gas X	Well [I X	Workover	l Deeben	i riug Dack.	13211211111	1	
Designate Type of Completion	Date Compl. Ready to Prod.			Total Depth		L	P.B.T.D.	1		
2/26/90	2/6/92			22651			2204'			
levations (OF, RKB, RT, GR, etc.)	Name of Producing Formation			Top OiVGas Pay 2019			Tubing Depth 1963			
5650 81, 5660 RKB Fruitland Coal							Depth Casing Shoe			
2019'-2031', 2053'-20	066', 2144'-2	2162*					2256	5,1		
TUBING, CASING AND				CEMENTI	NO RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
								· · · · · · · · · · · · · · · · · · ·		
			-/-							
	_	`								
V. TEST DATA AND REQU	FST FOR ALLO	WABLE								
OIL WELL (Test must be afte	er recovery of total volu	time of load oil	and mus	i be equal to o	r exceed top al	lowable for th	is depth or be	e for full 24 ho	ours.)	
Date First New Oil Run To Tank	Date of Test			Producing M	lethod (Flow, p	ump, gas lýt,	elc. D	5 C E	PF.	
		,		1			G Siz		مسا يا ا	
Length of Test	Fubing Pressure			Casing Press	The		1		1992	
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bbls.					
Actual Flod. During Test	on - Bois.						OIL CON. DIV			
CACAVELL								DIST.		
GAS WELL Actual Prod. Test_MCF/D	Length of Test			Bbls. Conde	ensate/MMCF		Gravity of	Condensate	<u> </u>	
312	-	urs			2		<u> </u>	VA	<u> </u>	
Testing Method (pilot, back pr.)	24 hours Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Choke Nipple	200 psi			450	450 psi 1/4"					
VI. OPERATOR CERTIF	ICATE OF CO	MPLIAN	CE		OIL CO	NICEDI	/ΔΤΙΛΝ	ואותו	IONI	
I hereby certify that the rules and re	egulations of the Oil Co	oaservation	•			NOLUI	VIOI		, • , ч	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Data Approved MAR 2 1992						
I true and complete to the och of	my kitowicogo and nei	1444		Dat	te Approv	ed				
helder delle					2 1 0					
Signature				∥ By	By Bish Chang					
Shelly Duke Agent Agent						SUPER	VISOR D	ISTRICT	#3	
Printed Name 3/2/92	('5	7ide (05) 325-	5599	Tit!	6					
Date		Telephone N								

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.