Submit 5 Copies
Appropriate District Office
DISTRICT I
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 I-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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TOT	RANSP	ORT OIL	AND NATURAL GA	S Walk	Pl No				
perator		Well API No. 30-045-28452								
SG Interests I, Ltd.					1 20-1	J4J-204J2	<u> </u>			
P.O. Box 421, Blanco,	NM 87412			Other (Please explain	(n)					
Reason(s) for Filing (Check proper box)	Chan	ge in Transpo	orter of:	Outer (Freeze explain	<i>.,</i>					
New Well	Oil	Dry Ga	1 1							
Recompletion	Casinghead Gas	L	_							
change of operator give name	Canagara		44-							
nd address of previous operator										
I. DESCRIPTION OF WELL			 		Vind o	f Lease	100	ase No.		
Lease Name	Well	i		ng Formation		Restoration Fee		100 1 101		
Santa Rosa Com 18 Location				tland Coal						
Unit Letter K	: 1875	Fect F	rom The _S	outh Line and 540	Fe	et From The	Vest	Line		
Section 18 Townsh	ip 29N	Range	9W	, NMPM,	San	Juan		County		
II. DESIGNATION OF TRAI	NCDODTED O	E OUL AN	ID NATH	RAL GAS						
Name of Authorized Transporter of Oil		ondensate		Address (Give address to wh	ich approved	copy of this for	m is to be ser	ਪ)		
Gary-Williams Energy	Corporation	in		89 Road 4990, B	loomfie	ld. NM	87413			
Name of Authorized Transporter of Casin	nghead Gas	or Dry	Gas X	Address (Give address to wh	ich approved	copy of this for	m is to be ser			
El Paso Natural Gas C	ompany			P.O. Box 4990,			M 8740.	<u>L</u>		
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	is but assumed to mission		When? Approx. 2/20/92				
tive location of tanks.	K 18			Yes	Ap	prox. 2/	20/ 92			
f this production is commingled with tha	t from any other lea	se or pool, g	ive comming	ling order number:			······			
V. COMPLETION DATA	lou	Well	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		Wen	Oas Well	1	i	i i		<u> </u>		
Date Spudded	Date Compl. Re	ady to Prod.		Total Depth	l Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	ing Formatio	on .	Top Oil/Gas Pay	Tubing Depth					
Perforations			<u></u>	Depth Casing Shoe						
I CITOLATIONS								·		
	TUB	ING, CAS	ING AND	CEMENTING RECOR	D					
HOLE SIZE		& TUBING		DEPTH SET	ET SACKS CEMENT			ENT		
						 				
						 				
V. TEST DATA AND REQUI	EST FOR ALL	OWABL	Ē .	<u>, </u>						
OIL WELL (Test must be after	r recovery of total v	olume of load	d oil and mus	t be equal to or exceed top all	owable for th	is depth or be f	or full 24 hou	urs.)		
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, p.	ump, gas lift,	de [FIL	s 🎏 (iri		
				G		Noke Size	ם בו ע	1 1/20 1 1		
Length of Test	Tubing Pressure	;		Casing Pressure						
David Bard During Tool	Oil - Bbls.			Water - Bbis.		Gas- MAR 2 1992				
Actual Prod. During Test					OIL CON DIV.					
CACAVELI						1	DIST			
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF		Gravity of C				
					Challe Circ					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)	Choke Size		•			
VI. OPERATOR CERTIF	CATE OF C	OMPLIA	ANCE			/AT!		21		
I hereby certify that the rules and re				OIL COI	NSERV	AHON	DIVISIO	NC		
Division have been complied with a	nd that the informat	ion gi ven ab e	ove			MAD	1000			
is true and complete to the best of n	ny knowledge and b	elicf.		Date Approve	ed	MAR 2	1992			
Theore 1	eiler				7.	13 d				
Signature	``			By			way.			
Shelly Duke Printed Name	A	gent Tid	e	Title	SUPER	IVISOR DI	STRICT	13		
3/2/92 Date	(505) 325-5	5599 ne No.							
Dale		A CICINIOI	i 10.	11						

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.

1994 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 -

- 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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, 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, Astesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SG Interests I	Ltd.				•	, , , , , , , , , , , , , , , , , , ,	30-045-	28452	
P. O. Box 421,	Blanco, NM	87412	2-0421						
ason(s) for Filing (Check proper box				Oth	r (Please explai	n)	,		
w Well		ia Transport	er of:						
completion	Oil [Dry Cas							
aage is Operator	Casinghead Gas	Condensi	Me 🗌						
hange of operator give name address of previous operator					_				
•	I AND I PASE								
DESCRIPTION OF WEL	Weil N	o. Pool Nas Ba	ne, laciudi asin F	eg Formation ruitland	l Coal		(Lease Paids the Foo	Lease No.	
catios		_ 4				· · · · · · · · · · · · · · · · · · ·			
Unit Letter K	. 1875	Feet From	m The _S	outh Lie	540	Fe	nt From The	WestLine	
Section 18 Town	ship 29N	Range	9W	, N	ирм,		San Ju	an County	
. DESIGNATION OF TRA	NSPORTER OF	OIL AND	NATU	RAL GAS					
me of Authorized Transporter of Oil				Address (Giv	e address to whi	ch approved	copy of this for	n is to be sent)	
None Transporter of Ca	einghead Geg	Or Dev C		Address (Giv	e address to whi	ch approved	comy of this for	m is to be sent)	
					Address (Give address to which approved copy of this form is to be s P. O. Box 4990, Farmington, NM 87499				
well produces oil or liquids,	Unit Sec.	Twp	Rgs.	is gas actuali		Whea	?		
location of tanks.	K 18	29N	9W	Ye		Ti	ed In 2-1	14-92	
his production is commingled with the	and from any other lease	or pool, give	commisgl	ing order num	per:		-		
. COMPLETION DATA					1	 ,	- Ph	and han	
Designate Type of Completic	Oil W	/ell G	X X	New Well	Workover	Despea	Plug Back S	ame Res'v Diff Res'v	
te Spudded	Date Compt. Read	v to Prod.		Total Depth	li	اــــــا	P.B.T.D.		
12-29-90	2-11-9	•			2060 '			19 <u>9</u>0'	
ivations (DF, RKB, RT, GR, etc.)	Name of Producing	Name of Producing Formation		Top Oil/Gas Pay		· · ·	Tubing Depth		
5558' GL, 5568' RKB	· · · · · · · · · · · · · · · · · · ·	and Coa	1	}	1824'			1936.25'	
rforations		10001	10/01				Depth Caring		
1824'-1838',							<u> </u>	2058'	
				CEMENTI	NG RECORL	<u> </u>		OVE CENEUT	
HOLE SIZE	CASING &	TUBING SI	ZE	DEPTH SET			SACKS CEMENT 60 sx Class B w/2% CaC		
12 1/4"	/	1/2"		130' 2059.60'			25 sx Class B + 275 sx		
7 7/8"		1/2		 	039.00			z Mix w/2% Gel	
		3/8"		1	936.25'		10% Sal		
TEST DATA AND REQU				<u> </u>	930.23		TOO Dar		
IL WELL (Test must be aft	er recovery of total volu	me of load o	i and mus	be equal to or	exceed top allo	wable for this	depth or be for	full 24 hours.)	
de First New Oil Rua To Tank	Date of Test	ecovery of total volume of load oil and must Date of Test			Producing Method (Flow, pump, gas lift, e			EINE	
ength of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			FEB2 4 1992	
ctual Prod. During Test	Oil - Bbis.			Water - Bhis.			Case MCE	ON. DIV.	
AS WELL * Well ca	pable of comm	nercial	produ	ction -	will sub	mit IP	when te	DIST. ?	
ctual Prod. Test - MCF/D	Leagth of Test		-	Bbis. Coade	MMCF		Gravity of Co	adetaile .	
*	-			1		:		major middle mag	
sting Method (pitet, back pr.)	Tubing Pressure (Shut-in)		1	ure (Shut-ia) 770 psi		Choke Size		
L OPERATOR CERTIF	TCATE OF CO	MPI IAN	CE	<u> </u>					
I hereby certify that the rules and n					OIL CON	SERV	ATION [DIVISION	
Division have been complied with				1			***		
is true and complete to the best of		_		Date	Approved	d	MAR 0 4	1992	
Garin a	Bac				-	7.	110	1	
Signature	By But Sheet								
Carrie A. Baze Agent					SUPERVISOR DISTRICT #3				
Printed Name		Tide () 694–6		Title)				
Dute	7	Telephone N	0.						
			,		\sim		والمسائد المساوي		
TRIOTOLIOTTORIO, TLI.	F		'.1	Th. 1 1104					

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.