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State of New Mexico Energy, Winerals and Watural Resources Department

Form C-104 Revised 1-1-89 See Instructions

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT 11 P.O. Drawer DD, Artesia, NM 88210 DISTRICT III

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

at Bottom of Page

Make of Authorized Trapper of Cestingheed East or Day State (1992) Section 1 States (1992) Section 2 S	I.														
Resounds for filing (check proper area):  Other (please explain)  Other (pleas	Name of Operator: Bla	ckwood &	Nichols (	Co. /	A Limited F	Partners	ih i	p W	ell API	No.:	30-039-	220	84		
Now well: Recompletion:  Oit: Change in Operator: X  Casinghead Gas: Condensate:  If change in Operator: Size name and address of previous operator: Blackwood & Nichols Co., Ltd.  II. DESCRIPTION OF WELL AND LEAGE  Leser Name of Authorized Transporter of the South Line and 900 ft. from the East Line  Section: 2 Tourship: 300 Range: PA, NEWA, County: Bio Arriba  Section: 2 Tourship: 300 Range: PA, NEWA, County: Bio Arriba  III. DESIGNATION OF TRANSPORTER OF OIL AND MATURAL GAS  Name of Authorized Transporter of Oil: or Condensate: X  Address (Give address to send approved copy of this form.)  Final Production Incoming to Taking Desire of Section (1) P.O. Box 1299, Scottadate, AZ 85267  Final Production Incoming to Taking Desire of Section (1) P.O. Box 1299, Scottadate, AZ 85267  Final Production Incoming to Taking Desire of Section (1) P.O. Box 1299, Scottadate, AZ 85267  Final Production Incoming to Taking Desire of Section (1) P.O. Box 1299, Scottadate, AZ 85267  Final Production Incoming to Taking Desire of Section (1) P.O. Box 1299, Scottadate, AZ 85267  Final Production Incoming to Taking Desire of Section (1) P.O. Box 1299, Scottadate, AZ 85267  Final Production Incoming to Taking Desire of Section (1) P.O. Box 1299, Scottadate, AZ 85267  Final Production Incoming to Taking Desire of Section (1) P.O. Box 1299, Scottadate, AZ 85267  Final Production Incoming to Taking Desire of Section (1) P.O. Box 1299, Scottadate, AZ 85267  Final Production Incoming to Taking Desire of Section (1) P.O. Box 1299, Scottadate, AZ 85267  Final Production Incoming to Taking Desire of Completion (3) Dit Well Under Desire Open Plug Back Same Resive Diff Resive Continued of Section (1) P.O. Box 1299, Section (1)	Address of Operator: P.O. Box 1237, Durango, Colorado 81302-1237														
Recompletion:  Oil: Casinghead Gas: Condensate:  If change of operator: X															
Change in Operator: X  Cas ingheed das: Condensate:  If change of operator give mea and address of previous operator: Blackwood & Wichols Co., Ltd.  II. DESCRIPTION OF WELL AND LEABE  IOCATION  Unit Letter: 1; 1800 ft. from the South Line and 900 ft. from the East Line  Section: 2 Tourship: 30M & Range: 7M, MAPM, County: Rio Arriba  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transport of Oil: or Condensate: X  Address (Give address to send approved copy of this form.)  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transport of Cas ingheed Gas: or Dry Gas: X  Elevations of Authorized Transport of Cas ingheed Gas: or Dry Gas: X  Elevation of Natural Gas  If well produces oil or Itquids, Unit Sec. 2 Tap <sub>300</sub> Rep.  If well produces oil or Itquids, Unit Sec. 2 Tap <sub>300</sub> Rep.  If well produces oil or Itquids, Unit Sec. 2 Tap <sub>300</sub> Rep.  If V. COMPLETION DATA  Designate Type of Completion (X) Oil Well Gas Well Now Well Workover Deepen Plug Back Same Res'v Diff Res'v  V. COMPLETION DATA  Date Spudded: Date Compl. Ready to Prod.: Total Depth: Ps.1.D.:  Elevations (Of, RES, RT, GE, etc): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:  Perforations:  PUBING CASING AND CEMENTING RECORD  NOLE SIZE CASING A TUBING SIZE DEPTH SET SAIXS CEMENT  ONLY TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL (Test must be after recovery of total volume of load oil and must be equal to at working the producing Method: (Flou), papp, gas, Lift Co.  For this depth or be for full 24 hours.)  Date First New Oil Run To Tank: Date of Test: Bale. Condensate/MCF: Gravity of Condensate:  Casing Pressure: Casing Pressure: Casing Pressure: Choke Size:  Actual Prod. Test: Oil-Bales: Under restrict the the information given above its true and complete to the set that the information given above its true and complete to the set of the Authorite gas under the set of the Authorite gas under the condensate of the Conservation is true and complete to the set of the Authorite gas under the					0:1.	Chai	nge	e in Transport	_						
If change of operator give name and address of previous operator: Blackwood & Nichols Co., Ltd.  II. DRSCRIPTION OF WELL AND LRABE  Lesse Name and sono Unit  Veil No.: 14A Pool Name, Including formation: Sizis, Feodral Or Feet 1:289-23  Location  Unit Letter: 1; 1809 ft. from the South Line and 990 ft. from the East Line  Name of Authorized Transporters of Oil: or Condensete: X Address (Sive address to send approved copy of this form.)  Section: 2 Tournship: 30m Sange: 7M, MEM, County: Nie Arribe  III. DRSIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transport of Casingheed Gas: or Dry Gas: X Address (Sive address to send approved copy of this form.)  El Paso Natural Gas  If well produce oil or liquids, Unit Sec. 2 Tago Sag Name, P.O. 80x 1209, Socitable, Az 85x90  If this production of Tanks.  If this production is countingled with that from any other lease or pool, give comingling order number:  IV. COMPLETION DATA  Designate Type of Completion (X) Dil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v.  Date Spucided: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:  Elevations (Df. 8KB, NI, GR, etc): Name of Producing formation: Top Dil/Gas Pays: Tubing Depth:  Perforations: Depth Casing Shoe:  TUBING CASING A Tubing SIZE  DEFINIST  OLIN WELL  (fest must be after recovery of total volume of Load of Land must be equal to an example of this depth or be for full 24 hours.)  Date First New Oil Run To Tank: Date of Test: Casing Pressure: Casing Pressure: Casing Pressure: Casing Pressure: Casing Pressure: Casing Pressure: Color, Children Pressure: Casing Pressure: Color, Children Pressure: Casing Pressure: Color, Children Pressure: Casing Pressure: Children Advance is true and complete to the best of ny knowledge and beltef.  Rev. J.						head Ga	ıs:		•						
II. DESCRIPTION OF WELL AND LEASE  Lease Name: Mortheast Since Unit  Well No.: 14A Pool Name: Including Formation: Sinte, Rederat or Fee: Lease Ng. 2252-25  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil: or Condensate: X  Address (Give address to send approved copy of this form.) Gint Transportation Gint Transportation Anne of Authorized Transporter of Oil: or Condensate: X  Address (Give address to send approved copy of this form.) F.O. Box 1999, Scottdadie, AZ 85267  Name of Authorized Transporter of Dil Sec. 2 1045 San Reg. If well produces oil or liquids, Unit Sec. 2 1445 San Reg. If well produces oil or liquids, Unit Sec. 2 1445 San Reg. If this production is consingled with that from any other Lease or pool, give comminating order number:  IV. COMPLETION DATA  Designate Type of Completion (X) Oil Well Gas Well Workover Deepen Plug Back Same Res'v Diff Res'v  Date Spudded: Date Compl. Ready to Prod.:  TUBLING CASING A TUBING CASING AND CEMENTING RECORD  WALE SIZE  CASING A TUBING CASING AND CEMENTING RECORD  WALE SIZE  CASING A TUBING CASING AND CEMENTING RECORD  WALE SIZE  CASING A TUBING CASING AND CEMENTING RECORD  WALE First New Oil Run to Tunk:  Under Pressure:  Casing P	- , -		: Rlackud	and 8	& Nichols (	`o Ito								·	
Mortheast Blanco Unit 14A Blanco Messwerds  Section: 2 Township: 30M Range: 7J, NMPM, County: Rio Arriba  III. DESIGNATION OF TRANSPORTER OF OIL AND MATURAL GAS  Name of Authorized Transporter of Git: or Condensate: X Address (Give address to send approved copy of this form.)  Giant Transportation  Name of Authorized Transporter of Git: or Condensate: X Address (Give address to send approved copy of this form.)  F.O. 80M 12999, Scottsdale, AZ 85267  Name of Authorized Transporter of Git: or Condensate: X P.O. 80M 12999, Scottsdale, AZ 85267  If well produces oil or Liquida, Unit Sec. 2 Top 30M Rage 7J Is gas actually connected? Yes Unite?  If this production is comingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  TV. COMPLETION DATA  Date Spuxded: Date Compl. Ready to Prod.: Total Depth: Plug Back Same Res'v Diff Ros'v  Date Spuxded: Date Compl. Ready to Prod.: Total Depth: P.B.I.D.:  Elevations (Of, RES, RT, GR, etc): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:  Elevations (Of, RES, RT, GR, etc): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:  TUBING CASING AND CEMENTING RECORD  ROLE SIZE CASING A TUBING SIZE DEPTH SET SAKXS CIMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL (Test must be after recovery of total value of load oil and must be equal to ar acquired for this depth or be for full 24 hours.)  Date first New Oil Run To Tark: Date of Test: Producing Nethod: Condensate: Casing Pressure: Casing Pressure	II. DESCRIPTION OF WELL AND LEASE														
Unit Letter: 1; 1800 ft. from the South line and 900 ft. from the East line  Section: 2 Township: 30M Range: 7M, NAPPM. County: Rio Arriba  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil: or Condensate: X Address (Give address to send approved copy of this form.)  Signat Transportation P.P.O. Bax 1290/Soutsdale, AZ 85257  Name of Authorized Transport of Casinghead Gas: or Dry Gas: X Address (Give address to send approved copy of this form.)  Fell Pass Natural Gas  If well produces oil or liquids, Unit Sec. 2 Tap 30M Rang. Is gas actually connected Yes When 12/80  If well produces oil or liquids, Unit Sec. 2 Tap 30M Rang. Is gas actually connected Yes When 12/80  If this production is consingled with that from any other lease or pool, give comingling order number:  IV. COMPLETION DATA  Designate Type of Completion (X) Oil Well Gas Well New Well Workover Despen Plug Back Same Res'v Diff Res'v  Date Spudsied: Date Compl. Ready to Prod.: Total Depth: P.S.T.D.:  Elevations (Df., RKS, RI, GR, etc): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:  Perforations: Depth Casing And CEMENTING RECORD  NOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS COMENT  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 grave the form of this depth or be for full 22 hours.)  Date First New Oil Run to Tank: Date of Test: Producing Nethod:  (Flow), pamp, gas, lift(A)  First New Oil Run to Tank: Date of Test: Sales of Test: Water - Bbis.:  GAS WELL To be tested; completion gauges:  Actual Prod. Test: NCFO: Length of Test: Gabut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given above is true and complete out he best of my knowledge and belief.  Roy W. Williams  Figureur  Fittle: Administrative Nanager  Date: Lift Administrative Nanager  Date: Lift Administrative Nanager  Date (Bri	Lease Name: Well No.: Pool Name, Including Forma														
Section: 2 Tournship: 30M Range: 7J, NAPPW, County: Rio Arriba  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil: or Condensate: X Address (Give address to send approved copy of this form.) P.O. Box 12909, Scottsdade, AZ 85267 P.O. Box 12909, Scottsdade, Capy of this form.) If well production of tanks, If well product of tanks, If well production is commingled with that from any other lesses or pool, give commingling order number: If this production is commingled with that from any other lesses or pool, give commingling order number: If well production is commingled with that from any other lesses or pool, give commingling order number: If well production is commingled with that from any other lesses or pool, give commingling order number: If well production is commingled with that from any other lesses or pool, give commingling order number: If well production is commingled with that from any other lesses or pool, give commingling order number:  If well production is commingled with that from any other lesses or pool, give commingling order number:  If well production is commingled with that from any other lesses or pool, give commingling order number:  If well production is commingled with at that from any other lesses or pool, give commingling order number:  If well production is commingled with at that from any other lesses or pool, give commingling order number:  It well production (N) Oil Well Gas Well Workover Despen Plug Back Same Res'v Diff Res'v  In production (N) Oil Well Gas Well Workover Despen Plug Back  In production (N) Oil Well Gas Well Workover Despen Plug Back  In production (N) Oil Well Gas Well Workover Despen Plug Back  In production (N) Oil Well Gas Well Workover Despen Plug Back  In production (N) Oil Well Gas Well Workover Despen Plug Back  In production (N) Oi															
Name of Authorized Transporter of Oil: or Condensate: X  Address (Give address to send approved copy of this form.)  Rome of Authorized Transporter of Oil: or Condensate: X  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Address (Give address to send approved copy of this form.)  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Address (Give address to send approved copy of this form.)  Rome of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Address (Give address to send approved copy of this form.)  Row Of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Address (Give address to send approved copy of this form.)  Row Of Authorized Transporter of Casinghead Gas: or Dry Gas: X  Address (Give address to send approved Taylon  Roy W. Willians	Unit Letter: I;	1800 ft.	from the	Sou	th line and	d 990	ft	t. from the Ea	ast line						
Name of Authorized Transporter of Oil: or Condensate: X P.O. Box 12999, Scottsdale, AZ 8252  Name of Authorized Transportation P.O. Box 12999, Scottsdale, AZ 8252  Name of Authorized Transportation P.O. Box 12999, Scottsdale, AZ 8252  Rep. Box 12999, Scottsdale, AZ 8252  El Paso Natural Gas F.O. Box 990, Farmington, NM 87499  If well products oil or liquids, Unit Sec. 2 Tup. 30N Rep. 1s gas actually connected? Yes When? 12/80  If this production is commingled with that from any other lease or pool, give commingling order number:  TV. COMPLETION DATA  Designate Type of Completion (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty Diff Resty Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:  Elevations (DF, RKS, RT, CR, etc): Name of Producing formation: Top Oil/Gas Pay: Tubing Depth:  Perforations:  TUBING CASING AND CEMENTING RECORD  NOKE SIZE CASING 1 TUBING SIZE DEPIN SET SACKS CEMENT  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 avoidable for this depth or be for full 24 hours.)  Date First New Oil Run To Tark: Date of Test: Producing Method: (Year, parp, gas, Lifft)  Length of Test: Unbing Pressure: Casing Pressure: (Shut-Tin)  Actual Prod. Test: Oil-Bbls.: Water - Bbls.:  GAS WELL To be tested; completion gauges:  Actual Prod. Test: Herfb: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:  Testing Method: Tubing Pressure: Casing Pressure: (Choke Size: Other Size: Strue and condicted with and that the information given above its true and condicted with and that the information given above its true and spotter to the best of my knowledge and belief.  Roy W. Williams  Signature  Date: Authorized Transported Capped Transported Transport	Section: 2	Town	ship: 30N		Range: 7	J, NMPK	•	County: Ric	Arriba						
Ciant Transportation  P.O. Box 12999, Scottsdate, AZ 85267  Name of Authorized Trnsptr of Casinghead Gas: or Dry Gas: X El Pago Natural Gas  If well produces oil or liquids, Unit Sec. 2 105 300, Rge. 70. Is gas actually connected? Yes Unit 12/80  If well produces oil or liquids, Unit Sec. 2 105 300, Rge. 70. Is gas actually connected? Yes Unit 12/80  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 Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.S.T.D.:  Elevations (DF, RKB, RI, GR, etc): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:  Perforations: Depth Casing Shoe:  TUBING CASING AND CEMENTING RECORD  NOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL (feat must be after recovery of total volume of load oil and must be equal to at actually for this depth or be for full 24 hours.)  Date First New Oil Run to Tank: Date of Test: (Flow, pump, gas, (Ifft))  Date First New Oil Run to Tank: Date of Test: Producing Method: (Flow, pump, gas, (Ifft))  GAS WELL To be tested; completion gauges:  Actual Prod. Test: Oil-Bbts.: Water - Bbts.: Chairing Pressure: Chairing Pressure: (Abutt-in)  Fignature Roy V. Williams  Signature Roy V. Williams  Signature Roy V. Williams  Title: Administrative Manager Date: ####################################															
El Paso Natural Gas	•														
If this production is countingled with that from any other lease or poot, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion (X) Oil Well Gas Well New Well Workover Despen Plug Back Same Res'v Diff Res'v Date Spudded:  Date Compl. Ready to Prod.:  Elevations (DF, RKS, RT, GR, etc):  Name of Producing Formation:  Top Oil/Gas Pay:  Tubing Depth:  Perforations:  TUBING CASING AND CEMENTING RECORD  NOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  W. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL (Test must be after recovery of total volume of load oil and must be equal to are accepted for this depth or be for full 24 hours.)  Date First New Oil Run To Tank:  Date of Test:  Froducing Method:  Folia, pump, gas, lift (C)  Length of Test:  Oil-Bbls.:  Water - Bbls.:  GAS WELL To be tested; completion gauges:  Actual Prod. Test - NCFD:  Length of Test:  Bulling Pressure:  Casing Pressure:  Choke Size:  OIL CONNERSATION DEVISION  Date Approved  By Jack Same Res'v Diff Res'v  D															
Designate Type of Completion (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Date Spudded:  Date Compl. Ready to Prod.:  Elevations (DF, RKB, RT, GR, etc): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:  Perforations:  TUBING CASING AND CEMENTING RECORD  NOLE SIZE CASING A TUBING SIZE DEPIH SET SACKS CEMENT  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 ar available for this depth or be for full 24 hours.)  Date First New Oil Run To Tank: Date of Test: Producing Nethod: (flow, pump, gas, lift)  Length of Test: Tubing Pressure: Casing Pressure: Actual Prod. Test: Oil-Bbls.: Water - Bbls.:  GAS WELL To be tested; completion gauges:  Actual Prod. Test: Libing Pressure: (Shut-in)  Tisting Nethod: Tubing Pressure: (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Roy W. Williams  Signature  Title: Administrative Manager Date: 1/14/4/								Is gas actually connected? Yes When? 12/80							
Designate Type of Completion (X) Dit Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Date Spudded:  Date Compl. Ready to Prod.:  Elevations (DF, RKB, RT, GR, etc):  Name of Producing Formation:  Top Oil/Gas Pay:  Tubing Depth:  Perforations:  Depth Casing Shoe:  TUBING CASING AND CEMENTING RECORD  NOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 ar exactly of or this depth or be for full 24 hours.)  Date First New Oil Run To Tank:  Length of Test:  Length of Test:  Length of Test:  Casing Pressure:  Casing Pressure:  Casing Pressure:  Choke Size:  Testing Method:  Tubing Pressure:  Casing Pressure:  Choke Size:  Choke Size:  Testing Method:  Tubing Pressure:  Casing Pressure:  Choke Size:  Choke Size:  Testing Method:  Tubing Pressure:  Casing Pressure:  Choke Size:  Choke Size:  Testing Method:  Thereby 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.  Roy W. Williams  Signature  Title: Administrative Manager  Date: 1111/41	If this production is com	mingled	with that	from	m any other	lease	or	pool, give co	omminglin	g ord	der numbe	r:			
Date Spudded:  Date Compl. Ready to Prod.:  Elevations (DF, RKB, RT, GR, etc):  Name of Producing Formation:  Depth Casing Shoe:  TUBING CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 except 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 recovery of total volume of load oil and must be equal to or except for this depth of the for tutl 24 hours.)  Casing Pressure:  Actual Prod. Test:  Oil-Bbls.:  Water - Bbls.:  GAS WELL To be tested; completion gauges:  Actual Prod. Test:  Bbls. Condensate/MMCF:  Gravity of Condensate:  Testing Method:  Tubing Pressure:  (shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.  Roy V. Williams  Signature  Date: Administrative Manager  Date: Little1  Title: Administrative Manager  Date: Little1  Title: Administrative Manager  Date: Little1  Title: Administrative Manager  Date: Little1  Total Depth: Tubing Depth: Tubing Pressure: Tubing RECORD  Tubing Depth Casing Pressure: Tubing Depth	IV. COMPLETION	DATA													
Elevations (DF, RKB, RT, GR, etc):  Name of Producing Formation:  Depth Casing Shoe:  TUBING CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 at control of this depth or be for full 24 hours.)  Date first New Oil Run To Tank:  Date of Test:  Tubing Pressure:  Casing Pressure:  Actual Prod. Test:  Oil-Bbts.:  Water - Bbts.:  GAS WELL To be tested; completion gauges:  Actual Prod. Test - NCFD:  Length of Test:  Buter - Bbts.:  Casing Pressure:  (Shut-in)  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.  Roy W. Williams  Signature  Date:	Designate Type of Comple	tion (X)	Oil Well		Gas Well	New L	lel	l Workover	Deepen	Pl	ug Back	S	ame Res'v	Diff Res'v	
TUBING CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPIN SET  SACKS CEMENT  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 are admitted for this depth or be for full 24 hours.)  Date First New Oil Run To Tank:  Date of Test:  Inding Pressure:  Casing Pressure:  Actual Prod. Test:  Oil-Bbls.:  Water - Bbls.:  CASING & TUBING SIZE  DEPIN SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  ACKS CEMENT  ACKS CEMENT  SACKS CEMENT  FOR ALLOWABLE  (Flow, pump, gas, lift nc)  Water - Bbls.:  Water - Bbls.:  CASING Pressure:  (Shut-In)  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.  Roy W. Williams  Signature  Title: Administrative Manager  Date:	Date Spudded: Date Compl. Ready to Prod.:						_		Total Depth:				P.B.T.D.:		
TUBING CASING AND CEMENTING RECORD  NOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 at except producing Method:  (Flow, pump, gas, lift (Flow, pump, gas, lift)  Length of Test:  Tubing Pressure:  Actual Prod. Test:  Oil-Bbls.:  Water - Bbls.:  GAS WELL To be tested; completion gauges:  Actual Prod. Test - MCFD:  Length of Test:  Bbls. Condensate/MMCF:  Gravity of Condensate:  Testing Method:  Tubing Pressure:  (shut-in)  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.  Roy W. Williams  Title: Administrative Manager  Date: 1/1/41  Title: SUPERVISOR DISTRICT 13	Elevations (DF, RKB, RT, GR, etc): Name of Producing Forma							tion:	Top Oil/Gas Pay:				Tubing Depth:		
WOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 wound by the owner of this depth or be for full 24 hours.)  Date first New Oil Run To Tank:  Length of Test:  Tubing Pressure:  Actual Prod. Test:  Oil-Bbls.:  Water - Bbls.:  GAS WELL To be tested; completion gauges:  Actual Prod. Test - MCFD:  Length of Test:  Bbls. Condensate/MMCF:  Gravity of Condensate:  Testing Method:  (shut-in)  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.  Roy W. Williams  Signature  Date: Administrative Manager  Date: Administrative Manager  Date: Administrative Manager  Date: Administrative Manager  Date: Approved  Title: Administrative Manager  Date: Approved  Title: SUPERVISOR DISTRICT 13	Perforations:								Depth Casing Shoe:						
WOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 wound by the owner of this depth or be for full 24 hours.)  Date first New Oil Run To Tank:  Length of Test:  Tubing Pressure:  Actual Prod. Test:  Oil-Bbls.:  Water - Bbls.:  GAS WELL To be tested; completion gauges:  Actual Prod. Test - MCFD:  Length of Test:  Bbls. Condensate/MMCF:  Gravity of Condensate:  Testing Method:  (shut-in)  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.  Roy W. Williams  Signature  Date: Administrative Manager  Date: Administrative Manager  Date: Administrative Manager  Date: Administrative Manager  Date: Approved  Title: Administrative Manager  Date: Approved  Title: SUPERVISOR DISTRICT 13			TUBIL	NG	CASING	AND	_	CEMENTING	G REC	ORD				· <del></del>	
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 require part owable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank: Date of Test: (Flow, pump, gas, lift)  Length of Test: Tubing Pressure: Casing Pressure: (Actual Prod. Test: Oil-Bbls.: Water - Bbls.:  GAS WELL To be tested; completion gauges:  Actual Prod. Test - MCFD: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:  Testing Method: Tubing Pressure: (shut-in)  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.  Roy W. Williams  Title: Administrative Manager  Date: // Yell  Title SUPERVISOR DISTRICT 13	HOLE SIZE	T	CASING & TUBING SIZE					·····							
OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exact op momble for this depth or be for full 24 hours.)  Date First New Oil Run To Tank: Date of Test:							T								
OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exact op momble for this depth or be for full 24 hours.)  Date First New Oil Run To Tank: Date of Test:							T		··						
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OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exact op momble for this depth or be for full 24 hours.)  Date First New Oil Run To Tank: Date of Test:					· · · · · · · · · · · · · · · · · · ·										
To this depth or be for full 24 hours.)  Date First New Oil Run To Tank: Date of Test: Producing Method: (Flow, pump, gas, lift C)  Length of Test: Tubing Pressure: Casing Pressure: Pactual Prod. Test: Oil-Bbls.: Water - Bbls.:  GAS WELL To be tested; completion gauges:  Actual Prod. Test - MCFD: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:  Testing Method: Tubing Pressure: (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE (Shut-in)  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.  Roy W. Williams  Title: Administrative Manager  Date: 1/1/4/1	V. TEST DATA AN	ID RE	Quest	FOI	R ALLO	ABLE	\$								
Length of Test:  Tubing Pressure:  Casing Pressure:  Water - Bbls.:  GAS WELL To be tested; completion gauges:  Actual Prod. Test - MCFD:  Length of Test:  Bbls. Condensate/MMCF:  Gravity of Condensate:  Testing Method:  Tubing Pressure: (shut-in)  Casing Pressure: (shut-in)  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.  Roy W. Williams  Title: Administrative Manager  Date: 11191  Title: Administrative Manager  Date: 11191  Title: SUPERVISOR DISTRICT 13	OIL WELL								oil and m	ust b مصر	e equal	to	e Kana	op <b>an</b> owable	
Actual Prod. Test:  GAS WELL To be tested; completion gauges:  Actual Prod. Test - MCFD:  Length of Test:  Bbls. Condensate/MMCF:  Gravity of Condensate:  Casing Pressure: (shut-in)  Casing Pressure: (shut-in)  Choke Size:  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.  Roy W. Williams  Title: Administrative Manager  Date: 1/1/41  Title: Administrative Manager	Date First New Oil Run To	Date of Test:													
Actual Prod. Test:  GAS WELL To be tested; completion gauges:  Actual Prod. Test - MCFD:  Length of Test:  Bbls. Condensate/MMCF:  Gravity of Condensate:  Casing Pressure: (shut-in)  Casing Pressure: (shut-in)  Choke Size:  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.  Roy W. Williams  Title: Administrative Manager  Date: 1/1/41  Title: Administrative Manager	Length of Test:		Tubing Pressure:					Casing Pressure:							
Actual Prod. Test - MCFD:  Length of Test:  Bbls. Condensate/MMCF: Gravity of Condensate:  Testing Method:  Tubing Pressure: (shut-in)  Casing Pressure: (choke Size:  Choke Size:  Choke Size:  Thereby 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.  Roy W. Williams  Title: Administrative Manager  Date: 11491  Bbls. Condensate/MMCF: Gravity of Condensate:  Choke Size:  Choke Size:  OIL CONSERVATION FIVISION  Date Approved  By  Title SUPERVISOR DISTRICT 13	Actual Prod. Test:	Oil-Bbls.:					Water - Bbls.:								
Actual Prod. Test - MCFD:  Length of Test:  Bbls. Condensate/MMCF: Gravity of Condensate:  Testing Method:  Tubing Pressure: (shut-in)  Casing Pressure: (choke Size:  Choke Size:  Choke Size:  Thereby 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.  Roy W. Williams  Title: Administrative Manager  Date: 11491  Bbls. Condensate/MMCF: Gravity of Condensate:  Choke Size:  Choke Size:  OIL CONSERVATION FIVISION  Date Approved  By  Title SUPERVISOR DISTRICT 13	GAS WELL To be tested; completion gauges:											1	)51:-3.	Second Comp.	
(shut-in)  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.  Roy W. Williams  Signature  Date: /////  Title: Administrative Manager  Date: //////  Date Approved  By  Title SUPERVISOR DISTRICT 13								Bbls. Conde	F:	Gravity of Condensate:					
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.  Roy W. Williams  Signature  Date:	Testing Method:							Casing Pressure: (shut-in)			Choke Size:				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Roy W. Williams  Signature  Date: 1/14/91  Date: 1/14/91	VI. OPERATOR CH	RTIF	ICATE	OF	COMPL	LANCE	_	<u> </u>	OI	L	CONSE	W	LION	ALVISION	
Roy W. Williams  Signature  Title: Administrative Manager  Date: 1/14/91  By 3 Charge  Title SUPERVISOR DISTRICT #3	Division have been complied with and that the information given above														
Signature  Title: Administrative Manager  Date: 1/14/91	Q n / n / N							•	By 3 1) Chang						
Title: Administrative Manager Date: 1/14/91	Signature Signature	<u> </u>	Roy W. Williams						Title SUPERVISOR			SOR DIST	IRICT #3		
Telephone No.: (303) 247-0728	Title: Administrative Ma	nager	Date: 1/14/91												
	Telephone No.: (303) 247	7-0728			'										

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 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.