Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hubbs, 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 II P.O. Drawer DD, Anesia, NM 88210

Reason(s) for filing (Check proper box) New Well Change in Operator Casinghead Gas Condensate Con
Address P. O. BOX 800, DENVER, COLORADO 80201 Reasonato for Filing (Check proper box) New Well Change in Transporter of: Only Dry Gas Contage of Operator give name of address or provisor operator of Casinghead Gas Condensate X Columbe of Operator of Casinghead Gas Condensate X Columbe of Operator of Contage of Operator of Casinghead Gas Condensate X Columbe of Operator of Condensate X Less Name LEFKOVITZ GAS COM B 1 BASIN DAKOTA (PRORATED GAS) Location Unit Letter A 1550 Feet From The FNL Line and 790 Feet From The FEL Line Section 25 Township 29N Range 10W NMPM, SAN JUAN County III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorited Transporter of Condensate X LERRADIAN Of L. INC. Name of Authorited Transporter of Condensate X LERRADIAN Of L. INC. Name of Authorited Transporter of Casinghead Gas Or Dry Gas X LERRADIAN Of L. INC. Name of Authorited Transporter of Casinghead Gas Or Dry Gas X LEPRON AUTHORITE GAS COMPANY If well products of or liquids with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Contyletion - (X) Date Compl. Ready to Prod. TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT ACTION OF THE SET SACKS CEMENT A
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Name of Authorized Transporter of Oil
Name of Authorized Transporter of Oil
MERIPIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) EL-PASO-NATURAL GAS COMPANY If well produces oil or liquids, "Unit Soc. Twp. Rge. Is gas actually coanected?" When? P. O. BOX 1492. EL PASO TX 79978 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Contyletion - (X) Date Compl. Ready to Prod. Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oi/Gas Pay Tubing Depth Depth Casing Stoce TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE DIL 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.)
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Detail Mail 4/6
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 - Bibls. Water - Bbls.
GAS WELL JUL 2 1990 Actual Prod. Test - MCI/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
esting Method (pulot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choka Sife 1. 3
VI. 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
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 JUL 2 1990 By 3 (A)
Division have been complied with and that the information given above

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.