Appropriate District Office DISTRICT 1 P.O. Box 1980, Ilente, No. 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

LOOO Rio Brai	ZOS RILE AZ	tec NM 87410											
,	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS												
Operator A	4.							EMIL TIME OF THE		API No.			
Address	oco'	Produc	rion	<u>Co</u>							·····		_
	5 E		Stre	et.	Fa	rmir	פב	ton NM	8740)			
Reason(s) fui New Well	Filing (Ch	eck proper box)		Change in	Trans	norter of		Other (Please ex	plain)				_
Recompletion	1 4		Oil	()	Dry	- 1		Effective 4	-1-89				
Change in O	1 1	l	Casinghe	ad Gas	Cond	lensate					<u> </u>	90086	
address o	previous o	perator	· · · · · · · · · · · · · · · · · · ·							·			_
I. DESCI Lease Name	CRIPTION OF WELL AND LEASE Well No. Pool Name, Include												
_ 17 .71	nham	G94 (om Basin						l of Lease c, Federal of Fee		ease No.		
Location		^-							·		· · · · · · ·		_
្នុំ ប	it Letter	<u> m</u>	-:11	80	. Feet	From The	t	(L) Line and 8	70	Feet From The _	S	Line	
S	ction (a Township	291	٧	Rang	e 13	w	, NMPM,	San	Juan		County	_
II. DESI	GNATIO	N OF TRAN	SPORTE	R OF O	IL A	ND NA	TU	RAL GAS					
Name of Authorized Transporter of Oil or Condensate								Address (Give address to which approved copy of this form is to be sent)					
		nsporter of Casing						P.O. Box 428 Address (Give address to	nington d copy of this fo	VM 8-	M) 1499	_	
EL Pas If well produc		ural Gas	•	16.				Caller Scrvice	4990	Farming:			1_
ive location		uros,	Unit	Sec.	Twp.	1 13 13		is gas actually connected?	Whe	a ?			
this product	ion is comm	ningled with that f	rom any oth		pool, g	give conu	ningl	ing order number:	·-····································				_
V. COM		· · · · · · · · · · · · · · · · · · ·		Oil Well		Gas We	11	New Well Workover	Deepen	Plug Back	Same Pes'u	Diff Res'v	
		f Completion		i	i		·· 	i i		I log back	Dattic Nos v	Dill Resv	
Date Spudded	1		Date Com	pl. Ready to	Prod.			Total Depth		P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Top Oil/Gas Pay	Tubing Depti	Tubing Depth				
erforations									Depth Casins	Depth Casing Shoe			
	4		·										
	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						ND	CEMENTING RECORD DEPTH SET SACKS C				TAIT	_
	:							DE 111 SE		3	ACKS CEME	:111	
				······································						-			_
1 (1312-(3713-1	N A 200 X - A 1	UK WEZELEK											-
). TEST I DIL WELI		ND REQUES st must be after re					, must	be equal to or exceed top at	llowable for th	is denth as he G	e full 24 hour	1	
OLL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test								Producing Method (Flow, pump, gas lift, etc.)					
ength of Tes		Tubing Pressure						Casing Pressure	Choke Size				
								&					
Actual Prod. I	During Test		Oil - Bbls.					Water - Bbls.	Gas- MCF	Gas- MCF			
GAS WEI	L		l							<u> </u>			
	est - MCF/D Length of Test							Bbls. Condensate/MMCF	·	Gravity of Co	ondensate		٦
esting Metho	Sethod (pitol, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)	Choke Sive	Choke Size				
i i								10.1.100					
I. OPERATOR CERTIFICATE OF COMPLIANCE									NCEDV	ATION		NI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.								Date Approved APR 0.5 1089					
	(20) haw												
Signature	Signature A. C.							By 300 Occ					
Printed Nar	1							Title	2 30% 2.5 3 77	TV DISTA T	CT # 3		
Date	29 -8	4 (5	05/3	25-88 Telep	4L	No.	-						

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.