Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		UIHA	MOP	UH I UI	L AND NATURAL G				
Headington Oil C		Well API No. 30-045-23736							
Address 7114 W. Jefferson Ave. Suite 213 Denver Co 803									
Reason(s) for Filing (Check proper box)	rrerson	eAve.	Suit	te 213					
New Well		Channa in	T		Other (Please expl	lain)			
Recompletios	Oit	Change in	•						
Change in Operator	· -		Dry Ga						
If change of operator give name	Casinghead		Conden						
			lings	Inc.,	2582 South Tejo	n St. E	nglewood	, Color	ado 80110
II. DESCRIPTION OF WELL Lease Name			12						
Kirtland 18 14156 Well No. Pool Name, Include ChaCha					L-2	1	of Lease Fee Federal or Fe	, .	ease No.
Location	100	1	L		11880				
Umit Letter B	-:730)	Feet Fr	om The	North Line and 2250	Fo	et From The	East	Line
Section 18 Townshi	NMPM, San Juan County								
III. DESIGNATION OF TRAN	SPORTE	S OF OI	II. ANI						Codiny
I LANGE OF VARIOUSED I LANGED USE OF CHI	- X ,	or Conden	cale	[] 5_1;01.6	Address (Give address to wi	hich approved	copy of this f	orm is to be s	ent)
Gary-Williams Energy Corp.					370 17th Street Suite 5300 Denver, CO 80202				
Name of Authorized Transporter of Casinghead Gas S or Dry Gas C					Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas L' well produces oil or liquids, Unit Sec. Two. Rec				P.O. Box 1492 El Paso Tx. 79978					
give location of tanks.	B	18	Twp. 29N	1 14W	Is gas actually connected?	When	7 May	23, 19	82
If this production is commingled with that i	rom any othe	r lease or p	pool, give	e convingi	Yes		· +		
IV. COMPLETION DATA					<u> </u>				
Designate Type of Completion	· (X)	Oil Well 	0	ias Well	New Well Workover	Deepen	Plug Back	Same Res'y	Diff Res'v
Date Spudded	Date Compl	ate Compl. Ready to Prod.		 -	Total Depth	I	P.B.T.D.	<u> </u>	
levations (DF, RKB, RT, GR, stc.) Name of Producing Formation					Top Oil/Gas Pay				
Perforations					Tubing Depth				
1 CITY AILENS					Depth Casi			ny Shoe	
	T	JBING.	CASIN	IG AND	CEMENTING RECOR	<u> </u>	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT		
	· · · · · · · · · · · · · · · · · · ·					SHORE CEMENT			
	·								
		······································					ļ		
V. TEST DATA AND REQUES	T FOR A	LOWA	BLE		L		<u> </u>		
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total	il volume oj	f load o	il and must	be equal to or exceed top allo	wable for this	depih or be j	or full 24 hou	rs.)
Date of Test					Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubing Pressure				Caralle C. E.	W & 1	Choke Size		
							Cipite Size		1
Actual Prod. During Test	Oil - Bbls.				WAICT BEIL JAN 0 51	994.	Gas- MCF		
GAS WELL							ļ		
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/Marget 3. Gravay of Condensate				
					Both Country Did !	Gravity of Condensate			
Esting Method (pitot, back pr.)	Tubing Pressure (Shut in)				Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICA	TE OF (COMPI	IANI	CE			J		
I hereby certify that the rules and regular	ions of the O	il Conserva	ation.	CE	OILCON	SERVA	I MOITA	אופור	MI
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					JAN - 51994				
					Date Approved				
Sames Was					By Bin Chan				
Signature Dames P. Ryder	Oper	ations	s Man	ager				ጸ	
Printed Name Title					SUPERVISOR DISTRICT #3				
December 15, 1993			hone No		1,110				

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.