Fubruic 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 Buttom of Page

-1.

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	TOTA	ANSPORT OF	L AND NAT	TURAL GA					
Openmor  Headington Oil	Well API No.								
Address	2 Donron	30-045-24304							
Reason(s) for Filing (Check proper box)	efferson Avenu	le, Suite 21						····	
New Well Recompletion Change in Operator			[] Othe	t (Please expla	iin)				
If change of operator give name							·		
and address of previous operator	Greenwood Hole	dings Inc.,	2582 Sou	th Tejor	St. Er	glewood,	Colora	ado 80110	
II. DESCRIPTION OF WELI Lease Name		Pool Name, Includ	L. F.						
Kirtland 14	and 14/55 ChaCha			Gallup 11880			of Lease Fee Lease No.		
Location Unit Letter	2030	. Feet From The	South	212	5		East	<del></del>	
Section 12 Towns		San Juan							
III DECICNATION OF TOA	NCDOD/FDD OF O	Range			·			County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	——— or Conde	IL AND NATU	RAL GAS	address to wh	ich ann and	copy of this for			
Gary-Williams Er	ergy Corp. 28	1 . 1	370 17	th Stre	et Suit	e 5300 De	m <i>u lo be se</i> enver,	CO 80202	
Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sens)						
E1 Paso Natural Gas 28/7005  [ well produces oil or liquids, Unit   Sec.   Twp.   Rge.			P.O. Box 1492 E1 Paso Tx 79978 la gas actually connected? When ?						
ive location of tanks.	J 12	29N 15W		connected?	When Ma	7 y 23, 198	32		
f this production is commingled with the	t from any other lease or	pool, give comming	ling order number	жг.		1			
V. COMPLETION DATA	WTV. 28		- <sub>4</sub>						
Designate Type of Completion	n - (X)   Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	arne Res'v	Diff Ree'v	
Date Spudded	Date Compl. Ready to	Date Compl. Ready to Prod.				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations					1000	Darah Caning			
	TIPNG	0.00.0				UEL	E	,	
HOLE SIZE	I UBING,	TUBING, CASING AND CASING & TUBING SIZE			Di. U	I		<del>,</del>	
	ONSING & TOURING SIZE		DEPTH SET			N O 5 15 SACKS CEMENT			
					Off	COALE	2000		
	_				· · · · · · · · · · · · · · · · · · ·	PIET OF	Je Voj		
. TEST DATA AND REQUE							······································	:	
OIL WELL (Test must be after Date First New Oil Rus To Tank	recovery of total volume	of load oil and must	be equal to or e	xceed top allo	wable for this	depih or be for	full 24 hou	<b>3</b> .)	
Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbla.			Gas- MCF			
GAS WELL			<u> </u>		<del></del>				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensa	IE/MMCF	<del></del>	Cavilly of C	dancete		
			Casing Pressure (Shut-in)			Gravity of Condensate			
esting Method (pitor, back pr.)						Choke Size			
I. OPERATOR CERTIFIC	CATE OF COMP	LIANCE				I		<u>-</u>	
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.	Ž	Date	Approved	ا۵۱. ،	v - 5 1994	1		
0	0		Dale	~hhinvac	1	. 0 1005	<u> </u>	<del></del>	
Signature James P. Ryder Operations Manager			By						
Printed Name			Title SUPERVISOR DISTRICT #3						
December 15, 199		phone No	'''''				- F3		

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.