Submit 5 Copies
Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Braz

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410					. AND NA								
I. Operator		TO TRA	INSP	ON I OIL	AND INA	I ONAL GI		API No.					
FLOYD OPERATING COMPANY							30-045-24851						
Address 711 LOUISIANA, STE 1740, I	HOUSTON	.TX 7700)2										
Reason(s) for Filing (Check proper box)					Othe	et (Please expl	ain)						
New Well	Change in Transporter of:												
Recompletion X	Oil Casingher		Dry Gr Conde										
If change of operator give name							75004 (
and address of previous operator OHY			NY, P	O. BOX	2880. DAI	LLAS, IX	/5221-2	2880					
II. DESCRIPTION OF WELL		Well No.	I Book N	lame Include	ng Formstion		Kind	of Lease	7 1	esse Na			
Lease Name FARMINGTON TOWNSITE	-6/0-				State			RAL STATE NM 456794					
Location		L	<u> </u>										
Unit Letter C	. 1040	: 1040 Feet From The NORTH Line and 1850						Feet From The WEST Lin					
Section ² Townshi	Township 29N Range 13W					, NMPM, SA			AN JUAN County				
					*								
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conder			Address (Give	e address 10 wi	hich approved	copy of this for	n is so be s	eni)			
GIANT REFINING COMPANY					P.O. BOX 12999, SCOTTSDALE, AZ 85267								
Name of Authorized Transporter of Casinghead Gas or Dry Gas X EL PASO NATURAL GAS COMPANY					Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978								
well produces oil or liquids, Unit Sec. Twp. Rge					is gas actually		?	10070					
give location of tanks.			2 29N 13W		YES		i	4-14-82					
If this production is commingled with that	from any of	her lease or	pool, gi	ve comming	ing order numb	er:							
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v			
Designate Type of Completion	- (X)		i		i j								
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth					
N-Control							Depth Casing Shoe						
Perforations								Depair casing (J.1.00				
		rubing,	CASI	NG AND	CEMENTI	NG RECOR	Ω						
HOLE SIZE	CA	SING & TU	JBING :	SIZE		DEPTH SET		SA	CKS CEM	ENT			
	 							 					
	 												
]					·····			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR A	ALLOW A	ABLE ofload	oil and must	be equal to or	exceed top all	owable for th	a E Mil	full 24 hou	ers.)			
Date First New Oil Run To Tank	Date of Te		<u> </u>		Producing Me	thod (Flow, p	70	8					
	ļ				Casing Pressu		10 10	160 a Size	············				
Length of Test	Tubing Pressure				Casing 1 10000	" \hightarrow\"	-017	Gus- Di					
Actual Prod. During Test	Oil - Bbls				Water - Bbls.	A.M	Dro	Cos- NOF					
					<u> </u>		W C	101					
GAS WELL					· · · · · · · · · · · · · · · · · · ·	4 8 106		10					
Actual Prod. Test - MCF/D	ctual Prod. Test - MCF/D Length of Test				Bbis. Conden	Bbis. Condensate/MMCF		Gravity of Condensate					
Tosting Method (pilot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size					
					<u> </u>			1		· · · · · · · · · · · · · · · · · · ·			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION								
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					DEC 1 71992								
is true and complete to the best of my knowledge and belief.					Date Approved								
Shan Start-					7 0								
7 / / / / / / / / / / / / / / / / / / /	Signature Signature EXEC. V.P.												
Signature		EVE	CV	>	11		SHDCD	SUPERVISOR DISTRICT #3					
Signature JOHN N. BLACK Printed Name			Title		Title		SUPERV	ISOR DIST	RICT !	3			
JOHN N. BLACK		(713)	Title	5275	Title.		SUPERV	ISOR DIST	RICT	3			

- 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.