

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
GREENWOOD RESOURCES INC.

Address
315 Inverness Way South Englewood, Colorado 80112

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

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DIST. 3

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fruitland	Well No. 3	Pool Name, including Formation Meadows- Gallup	Kind of Lease State, Federal or Fee	Lease N/A
Location Unit Letter J : 1890 Feet From The South Line and 2170 Feet From The East Line of Section 3 Township 29 N Range 15W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Intrastate Gathering Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 32999 San Antonio, TX 78216	
If well produces oil or liquids, give location of tanks. Unit J Sec. 3 Twp. 29 Rge. 15	Is gas actually connected? No	When 6-1-84

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Paul E. Pabon
(Signature)
Vice President - Engineering
(Title)
May 3, 1984
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 15 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-16-84	Date Compl. Ready to Prod. 3-29-84	Total Depth 4550'	P.B.T.D. 4470'					
Elevations (DF, RKB, RT, GR, etc.) 5182 GR- 5195 KB	Name of Producing Formation Gallup Sand	Top Oil/Gas Pay 4194	Tubing Depth 4550 4450					
Perforations 4194-4358	Depth Casing Shoe 4513'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Surface 12 1/2"	8 5/8" csg.	335'	275
Produc. 7 7/8"	4 1/2" csg.	4513'	1165
	2 3/8" tbg.	4513 4450	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

Date First New Oil Run To Tanks 3-29-84	Date of Test 4-19-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure None	Casing Pressure None	Choke Size 1 1/2"
Actual Prod. During Test	Oil - Bbls. 23	Water - Bbls. 7	Gas - MCF 26

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size