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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of INEW MEXICO Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TFIANSPORT OIL AND NATURAL GAS

Operator SC Trategraphic T	, Ltd.				Well API No.						
SG Interests I								30-045-28709			
P. O. Box 421,	Blanco,	NM 8	7412-	0421						•	
Reason(s) for Filing (Check proper box)				· · · · · · · · · · · · · · · · · · ·		Other (Please exp	plain)	•			
New Well		Change in	•	_			•				
Recompletion	Oil Codoobaad		•								
If change of operator give name and address of previous operator	Casinghead	GAE []	Condens	ate						-	
II. DESCRIPTION OF WELL	ANDIEA	CE .									
Lease Name Well No. Pool Name, Incl.					ing Formatio		l Via	d of Lease No			
Chapson 29-10-20 2								prodesses	Lease No.		
Location Unit LetterM	. 875	-	Feet From	n The	South	ine and	0	cet From The	West	Lina	
Section 20 Townsh	10 29N		Range	10W		ND (TO)	·	San Jua		Line	
	· · · · · · · · · · · · · · · · · · ·					NMPM,		- Dair 542	7.7	County	
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil				NATU							
Gary-Williams Energy Corporation					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					P. O. Box 159, Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas Company					P. O.	Box 4990.	<i>nich approve</i> . Farmin	d copy of this form is to be sent) ngton, NM 87499			
If well produces oil or liquids,		oc. 1	Twp. Rge.		_			Whea 7 Approx 3-25-93			
give location of tanks.	M	29N 10W		No							
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or po	ool, give o	commingli	ng order nur	nber:					
Designate Type of Completion	-00	Oil Well	Gu	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Pandy Ic. D		X	X Total Dareh	<u>.l</u>	<u> </u>	<u> </u>	<u> </u>	<u>i</u>	
9-09-92		15-93	TOUL		Total Depth	1924'		P.B.T.D.	10.	7.6.1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
5466' GL, 5479' KB	Fruitland Coal				1562'			1747'			
1/20'-1/2/',				1639	3			Depth Casing Shoe			
1590'-1595',	& 1562'-1								191	19'	
HOLE SIZE	CASIN	BING, C	ASING	AND (EMENT	NG RECOR	D				
12 1/4"	CASING & TUBING SIZE 8 5/8"			=	271'				SACKS CEME		
	 	<u> </u>				2/1				/2% CaCl +	
5 1/2"		5 1/2"				1919'			Class B 2		
	· 2	2 3/8"	~			1747'	}			r Lite + 1% CF-14	
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR ALI	LOWAE	BLE				······································				
OIL WELL (Test must be after re Dute First New Oil Russ To Tank	covery of total	volume of	load oil a	nd musi b	e equal 10 oi	exceed top allo	wable for this	depth or be f	or full 24 hour	3.)	
out the out had to take	Date of Test				Producing M	ethod (Flow, pur	np, gas lift, e	() M		WEI	
ength of Test	Tubing Pressur	10			Casing Press	l m	····) (E) (E) (E)		
				1		44		Charles .	AADO 2 1	1003	
Actual Prod. During Test	Oil - Bbls.			,	Water - Bbls			Gas- MCF	MAR 2 3 1	333	
MAR TERMS # CIT . VIO. TO .	<u> </u>								OIL CON. DIV		
GAS WELL SI - WO PL C	onn/Init	ial Po	otent	ial Te	est - w	ill subm	it when	tested.	DIST.	3	
Perman Light 1881 - W.C.L.D.	Length of Test			E	bls. Coaden	MIC/MMCF		Gravity of Co	odensate		
esting Method (pitot, back pr.)	Tubing Pressur	e (Shut-in)		,	asing Press.	- 765-2 1-X		·	مينور أعمد ججي		
• •		5 psi				05 psi		Choke Size	1//0		
L OPERATOR CERTIFICA			ANICE			.03 h21			1/4"		
I hereby certify that the rules and regular	tions of the Oil (Conservation	~	•		DIL CON	SERVA	TION	VISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAD # 9 1000						
•	-				Date	Approved		AN Z J	333		
Signature					By Bin) Chan						
Carrie A. Baze Agent					SUPERVISOR DISTRICT #3						
3/17/93	(915)	าน 694 <i>6</i>			Title.		- wi Env	SUM DIS	FIRICT #	3	
Date	(713)	Telephoc		-							

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.