Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1989, Hobbs, NM 88240

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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Openux SG Interests I, Ltd.								Well API No. 30-045-28802			
Address		10/	07/	10.0/01			L				
P. O. Box 421, Reason(s) for Filing (Check proper box)	Blanc	o, NM	8/4.	12-0421		her (Please exp	laint	<u> </u>	·		
New Well		Change is	n Transp	porter of:		nei (rieuse exp	ww.				
Recompletion	Oil		Dry C			1 > -	A _			. ,	
Change in Operator If change of operator give name	Casinghe	rd Cas	Cond	ensate		<u>u</u>)a	u po	D #	280	5776	
and address of previous operator		~·~··	· · · · · · · · · · · · · · · · · · ·								
II. DESCRIPTION OF WELL			7		·						
Lease Name Federal 29-10-	31/8/90	Well No.			ing Formation ruitland		29 Kind	of Lease Federal MIT	MK NM-	Lesse No. -0702	
Location	,		- , - , -		•			· · · · · · · · · · · · · · · · · · ·		-1 :	
Unit Letter N	-:) 	_ Feet F	From The	outh Lie	e and	²⁵ F	cet From The	West	Line	
Section 31 Townshi	p 29N		Range	10W	, N	мрм,		San Ju	an	County	
TO DESIGNATION OF TO A	CDADTE	ים ספס	77 A B	UN NI LOWI	D. I. C. C						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SCORTE	or Coader		TYT		me address to w	hich approved	copy of this f	form is to be	seni)	
Gary-Williams Energy		ation									
Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company 280575								d copy of this form is to be sent) ington, NM 87499			
If well produces oil or liquids,	Unit Sec. Twp.							When ?			
give location of tanks.	1 N	31	291		N			Appro	ox 5/10)/93	
If this production is commingled with that IV. COMPLETION DATA	from any our	er lease or	poor, gr	ive comming:	ing order num	ber:			·	 -	
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'	v Diff Res'v	
Onto Spuddod		al. Ready to	Prod.	X	X Total Depth	L	!	P.B.T.D.	L	_l	
10-27-92	4-26-93				2010'				1	960'	
Elevations (DF, RKB, RT, GR, etc.) 5667 GL, 5680 KB	Name of Producing Formation Fruitland Coal				Τορ Οίν Cas Pay 1602 '			Tubing Depth 1837'			
Perforations 1816'-1822', 1712'-1715', 1679'-1684', 1651'-						16021-16	5051	Depth Casin	-	005'	
						NG RECOR		1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12 1/4" 7 7/8"	8 5/8" 5 1/2"-				266' 2005'			200 sx Class B w/2% CaCl 225 sx PSL w/6% gel +			
1_11_0						2003			100 sx Class B w/1% CF-		
2 3/8" 7. TEST DATA AND REQUEST FOR ALLOWABLE						1837		14 & 0.4% Thrifty Lite			
OIL WELL (Test must be after n				•	be equal to or	exceed top allo	wable for this	depth or be f	for full 24 hu	ours.)	
Date First New Oil Run To Tank	Date of Tes					shod (Flow, pu			7	, <u>.</u>	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
								white of the same			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			CME CON. DIV.			
GAS WELL SI - WO PL C	onn/Ini	tial I	Poter	ntial -	will su	ıbmit whe	en teste	d.	DST		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pilat, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	220 psi				220 psi			1/2"			
VI. OPERATOR CERTIFIC				NCE		NII 00N	10EDV	71011	311/101		
I hereby certify that the rules and regular Division have been complied with and	tions of the	Oil Conserv	vation			DIL CON	SEHV	AHONL	וופועונ	NC	
is true and complete to the beat of my k	nowledge an	d belief.			Date	Approved	_d M/	AY 1 0 19	993		
بر مرد مرد		•		!	Jaio	whhin 490		_ /			
Signature					By But Show						
Carrie A. Baze Agent Printed Name Title					SUPERVISOR DISTRICT #3						
5/03/93	(94-6		Title.				- "	·	
Date		Telep	phone N	lo.	:						

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.