Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerais and Natural Resources Department

rorm 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

I		TO TRA	NSP	ORT OIL	AND NAT	TURAL GA	<u>\S</u>	BI LI		 1	
Operator	II shawa Dadildaa Ga								PI No.		
Great Western Drilling Co.						3004529047					
2550 La Plata	Hwy Farn	ington	, Ne	w Mexico	87401						
Reason(s) for Filing (Check proper box)						r (Please expla	iin)				
New Well	Oil	Change in	Transp Dry C								
Recompletion	Water 2806873										
Change in Operator	Casinghe	id Cat	Conde	ensate		rau	<u> </u>	<u> </u>	/		
and address of previous operator									······································		
II. DESCRIPTION OF WELI	L AND LE	ASE									
Lease Name Well No. Pool Name, Including						<u>~~</u>		Kind of Lease State, Federal or Fee		Lease No.	
Callow Federal 4772 1-E Basin I					akota //5 99			NM0309373		9373	
Location	700	. •		0	.1	1/0	1 _		Wort		
Unit Letter N	Unit Letter N: 790 Feet From The So					outh Line and 1495' Fee			West	Line	
Section 33 Towns	hip 29)-N	Range	13-1	W , N	MPM, S	San Juan			County	
III. DESIGNATION OF TRA	NSPORTE	or Conden		ND NATU	RAL GAS			of this (is to be so		
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Giant Refining Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas X						P. O. Box 356 Farmington. NM 87499 Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	2806			1					'- /		
If well produces oil or liquids,						Box 4289 Farmington, NM 87499 ls gas actually connected? When ?					
give location of tanks.	N	33	29		No		i				
f this production is commingled with the	at from any ot	her lease or	pool, g	ive commingl	ing order num	ber:					
IV. COMPLETION DATA				···	·				1 	bur n	
Designate Type of Completio	n - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.			Total Depth	<u> </u>	1	P.B.T.D.	<u> </u>	<u> </u>	
12-28-93		1-7-94				6560' KBM			6535'		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
5974 KBM		Basin Dakota				6266			6302		
Perforations	1 2005	n Dako				<u> </u>		Depth Casia			
$6266-6284$, 2 SPF $\frac{1}{2}$ "	holes 18	3' 36 h	oles	6346-63	360 2 SP	F ½" 16'	32 ho1e	\$			
		TUBING, CASING AND				 					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12 ‡"		8-5/8" 24#			332' 27						
7-7/8"	_ 5½'']	5½" 15.5#			<u> </u>			54' Howco lite 289 cu ft ass J 59 cu ft class B i			
	2 2/9	2-3/8"			<u> </u>			stages circ cement each			
V. TEST DATA AND REQU			ABLI	E	1 0301			age	CIIC CCIII	che cach	
OIL WELL (Test must be after					be equal to or	exceed top all		_	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of T	est			Producing M	ethod (Flow, p	ump, gas lift, e	Ic.)	EGE	WFF	
								U			
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure						
Actual Prod. During Test	Oil Bhi	Oil - Bbls.				Water - Bbis.			Gas-MCF MAR 0 3 1994		
Actual Frod. During Test	Oil - Boil										
CACAUCI					<u></u>			· · · · · · ·			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of	DIST.	3	
1,189		hrs			3			37.8			
Testing Method (pitot, back pr.)		ressure (Shu	t-in)		Casing Press	ure (Shut-in)		Choke Size			
Back pressure]	L116			1786		•	$1\frac{1}{2}$	11		
VI. OPERATOR CERTIFI			PLIA	NCE							
I hereby certify that the rules and re-					(OIL CON	NSERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above					8 & \$ 27						
is true and complete to the best of my knowledge and belief.					Date Approved MAR 1 7 1994						
Spart 1 C					1						
Signature Sr.					ByOriginal Signed by CHARLES GHOLSON						
John B. Keeling Sr.	Div.	Prod.	& D	rlg Sup	الا						
Printed Name			Title		Title	DEPUTY	OIL & GAS	INSPECTOR	, DIST. 🚜 3		
2-15-94 Date			27-0 ephone								
		1 CM	-provinc	. 10.	11						

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.