STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

ADMINISTRATIVE SUPERVISOR

3/29/21

(Tale)

(Date)

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

Form C-104 Revised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE AND

OIL CON. DIV.

allowable for a newly drilled or deepened well, this form must be acc on 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 w.

Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transpo

Separate Forms C-104 must be filed for each pool in multiply completed wells

wher such change of condition

AS DIST. 3 DIV.	
ORTER'S NAME CHANGED	FROM
NION TO SUNTERRA	,
* I-SI	
of Leese Federal or Fee	Lease No
Federal	1
10 Feet From The E	
NMPM San Juan	Count
roved copy of this form is to be senti East, Englewood, CO	80112-5
LOOMFIELD, NM 8741	
When	
CONSERVATION DIVISION 201987	, 19
1	CONSERVATION DIVISION L 2 0 1987 ON DISTRICT # 3

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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FILE		_	_
U.S.O.S.			<u> </u>
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OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NUV 3 0 1987 CON. DIV., s Dist. 3

Coerstor	
TENNECO OIL COMPANY	
P.O. BOX 3249, ENGLEWOOD, COLORADO (30155
P.U. BUX 3249, ENGLEWOODY COSCI	Other (Please explain)
Reson(s) for filing (Check proper box)	Change in Transporter
New Well Change in Transporter of:	
Recompletion Oil Dry Gas	Effective 12-01-87
Change in Ownership Casingheed Gas A Condensate	
If change of pemership give name	
and address of previous burner	
THE THE PART OF TH	Lasse No.
11. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, including Form	MIND OF LINES
Lacco Name 13-A Blanco MV	Blate, Federal or Fee FED. I - SEC-770
Florance	
Lecertion So	uth 1010 East
Link Letter Feet From The	Line and Per Promine
2011	9W NMPM San Juan county
Une of Section 18 Township 30N	Range JH , Name July 1
•	
.III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Aggress (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil To er Condensate X	
	P.O. BOX 460 HOBBS, NM 88240 Address (Give address to which approved copy of this form at to be sent)
CONOCO Nume of Authorized Transporter of Casingheed Ges □ er Dry Ges □	Address (Give address to which approved copy of this form a to be serily
	P.O. BOX 1899 BLOOMFIELD, NM 87413
SUNTERRA GAS GATHERING TWO PAGE	is gas actually connected?
	Yes
the location of tanks.	
If this production is commingled with that from any other base or pool, give comminging order numb	
the process of the Manager and	
*NOTE: Complete Parts IV and V on reverse side if necessary.	
	OIL CONSERVATION DIVISION NOV 3 0 1987
VI. CERTIFICATE OF COMPLIANCE	APPROVED NOV 3 0 198/ , 19
Oil Consequences from Division have been compare	
I hereby cartify that the rules and regulations of the United States of the Leaf of the knowledge and belief with and that the information given is true and complete to the best of the knowledge and belief	BY T
	TITLESUPERVISION DISTRICT # 3
	This form is to be filed in compliance with FULE 1104.
Metables.	I was a second will, this form must be accom-
Michael D. Gammen	named by a tabulation of the deviation tests taken on the well at accordance with Hotz 111.
Senior Administrative Analyst	All sections of this form must be filled out completely for allowable on new and recompleted walts
SELLIO AGILITATE (TAM)	Fill out only Section L. M., MI, and VI for changes of owner, well name and or number, or transporter,
November 25, 1987	or other such change of condition.
NO.VEMDER 23. (Dete)	Separate Forms C104 must be filed for each pool in multiply completed wells.

SANTA FE	REQUES	T FOR ALLOWABLE	Superredes Old C-101 and C			
U.S.G.5.	AUTHORIZATION TO TE	AND ASUTAN DNA JIO TSTOPRNAS	Ellective 1-1-65			
LAND OFFICE		With Ortinois WIND MATOKE	L GAS			
TRANSPORTER GAS ,	 ··	· · · · · · · · · · · · · · · · · · ·				
OPERATOR						
Tenneco 0il	Company					
Address	The second secon					
1850 Lincoln Reason(s) for Isling (Cheek proper	, Suite 1200 Denver, Colo					
New Well	Change In Transporter of:	Other (Please explain)				
Recompletion	OII Dry C	=				
Change in Ownership	Castaghead Gas Cond-	ensute []				
If change of ownership give name and address of previous owner.						
I. DESCRIPTION OF WELL AN	D LEASE		*SF_080244			
Lease Name	Well No. Pool Dame, Including I		ease No			
Florance Location	13A Branco Mesa	State, Foo	leral or FeFederal *			
Unit Letter I ;	1575 Feel From The South Li	ne and 1010 Feet Fr	om The East			
Line of Section 18	Township 30N Range	9W , имри, Sar	Juan County			
L DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G		County			
Name of Authorized Transporter of	Oil or Condensate	Aid:ess (Give address to which ap	proved copy of this form is to be sent)			
Plateau. Inc. Nome of Authorized Transporter of C	Castaghead Cas [] or Dry Cas []	Box 108, Farmington	. II.M. 87401			
Southern Union Ga	X		proved copy of this form is to be sent) infield, New Mexico 874			
If well produces oil or liquids,	Unit Sec. Twp. Ege.		When When			
give location of tanks.		No !	Near Future'			
If this production is commingled to COMPLETION DATA	with that from any other lease or pool,	give commingling order number:				
Designate Type of Complete	tion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same fles'v. Diff. fle			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
9-13-76	11-18-76	5414'	5338'			
Elevations (DF, RKB, RT, GR, etc.) 6243 GL	Blanco Mesa Verde	Top O!I/Gas Pay	Tubing Depth			
Perforations	1 Dianco nesa verde	1 4530'	5284 ^t Depth Casing Shoo			
15 Holes from 5283'-509	96' & 15 Holes from 4909'-					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
12-1/4"	9-5/8" Casing	208'	200 Sacks			
8-3/4" 6-1/8"	7" Casing 4-1/2" Casing Lnr	2989'	500 Sacks			
0-1/0	2-3/8" Tubing	2839'-5409' 5284'	385 Sacks			
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load	oil and must be equal to or exceed top al:			
OII, WELL. Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hows) Producing Mathod (Flow, pump, gas				
()						
Length of Test	Tubing Pressure	Casing Pressure	Choke Sike			
Actual Prod. During Test	Oil-Bble.	Water-Bbls.	GANGE COM.			
	<u></u>		$1 \cdot con$			
GAS WELL			OIL DIST. 3			
Actual Prod. Test-MCF/D	Length of Test	Bbla. Condennate/MMCF	Gravity of Condensals			
1594 AOF Testing Method (pitor, back pr.)	3 Hours	104	Unknown			
Back Pressure	Tubing Pressure (Shut-in) 501	Casing Pressure (Ehut-in) 671	Choke Stre 3/4"			
CERTIFICATE OF COMPLIAN			VATION COMMISSION			
		II TAN	7 1977			
Commission have been complied	regulations of the Oil Conservation with and that the Information given	Original Signed by				
above is true and complete to the	ne best of my knowledge and belief.					
		TITLESUPERVISOR DIS				
10 10 m	1612-	This form is to be filed in compliance with RULE 1104.				
D.D. M.		If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with HULE 111.				
Division Producti	on Manager	All sections of this form :	nust be filled out completely for allow			
12-31-74	,	able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owners.				
	Pate)	well name or number, or transpo	orten or other such change of condition			
		Separate Forma C-104 mi	ist be filed for each pool in multipl			
	•					

DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 SANTA FE REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Tenneco Oil Company P.O. Box 3249 Englewood, CO 80155 Other (Please explain) Reason(s) for filing (Check proper box) New Well OH Dry Gas Recompletion Casinghead Gas Change in Own If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE | Well No Pool Name, Including Formation Kind of Lease SF-080244 State, Federal or Fee Federa? Blanco Mesaverde 13A Florance Location East 1010 _ Feet From The _ 1575 Feet From The South Line and 9W San Juan 30N , NMPM, 18 Township Range County Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Gary Energy Corporation or Condensate X 4 Inverness Ct.East Englewood, CO 80112-5591 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas ____ or Dry Gas _____ P. O. Box 3981, Bloomfield, N. M. 87413 Southern Union Gathering Co. Is gas actually connected? Twp. If well produces oil or liquids, give location of tanks. 30N: 9W 18 T If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. New Well Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, esc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, pag lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pre Tubing Preseure Length of Test JAN 1 4 198 Poes-MCF Oil-Bble. Actual Prod. During Test Bbls. Condensate/MMCF **GAS WELL** Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE

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

Vieman (Signatu Administrative Supervisor (Tule)

10/10/84

(Date)

JAN 1由1985 ,, APPROVED

This form is to be filed in compliance with RULE 1104.

TITLE .

SUPERVISOR DISTRICTOR 3

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

Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Bux 1980, Hubbs, 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, Antesia, NM 88210 DISTRICT III

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aziec, NM 8	REQU	EST FO	R ALI	LOWAB	LE AND A AND NAT	UTHORIZ	ZATION AS				
Operator AMOCO PRODUCTION C							Weit Ai	1 No. 52214900)		
P.O. BOX 800, DENV	ER. COLORAI	00 8020	1								
Reason(s) for Filing (Check proper) New Well Recompletion Change in Operator	bax) Oil	Change in		. 📙	Other	s (Please expl	ain)				
change of operator give name											
nd address of previous operator I. DESCRIPTION OF W	ELL AND LE	ASE									
FLORANCE		Well No.	PELA	ime lactudi NCO MES	AVERDE (PRORATE	Kind o D GASSiauc, I	Lease ederal or Fee	Les	ise No.	
Location I		1575			FSL	16	010		FEL	Line	
Unit Letter	:		Feat Fro	OUR The	Lise	and		tilan			
Section 18	30] Township	N	Range	9W	, NN	4PM,	SAN	JUAN		County	
II. DESIGNATION OF Name of Authorized Transporter of MERIDIAN OIL INC. Name of Authorized Transporter of SUNTERRA GAS GATHI If well produces oil or liquids,	of Casinghead Gas	er OF OF OF OF OF OF COMME	sale	D NATU	3535 EA Address (Give P.O. BO	ST 30TH e oddress 10 m X 1899,	STREET, thich approved BLOOMFI	FARMING copy of this fo ELD, NM	TON , NM	87401	
ive location of tanks.	i	<u>i</u>	<u>L</u>	<u>i </u>	1	· 					
f this production is commingled v	rith that from any o	ther lease or	pool, giv	ve comming	ling order numi	ber:					
IV. COMPLETION DAT	Ά	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Comp		_i	_i_		i	İ	<u> </u>	I		<u></u>	
Date Special	Date Cor	npl. Ready to	D Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dept	ubing Depth		
l'erforations					1			Depth Cass	g Shoe		
		TUBING	. CASI	NG AND	CEMENTI	NG RECO	RD				
HOLE SIZE	С	ASING & T				DEPTH SE		11 E 16	CKS CEM	ENT	
						ं (ते) डि	المالقا	F - F)		
						- 1ñ(-	AUG231	90			
							AUGZO	- D11	L		
V. TEST DATA AND R	EQUEST FOR	ALLOW	ABLE		•		COL	is the only on the	for full 24 hou	urs.)	
OIL WELL (Test must Date First New Oil Run To Tank	be after recovery of	Test	e of load	oil and mu	Producing M	lethod (Flow,	pump, kad lift	esc.)			
Date Litz Isea Oil year 10 1700			-					Chuke Size			
Length of Test	Tubing	Pressure			Casing Pressure			Citota Sias			
Actual Prod. During Test	Oil - Ub	ls.			Water - Bbls.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCT/D	Leagth	of Test			Bbls. Conde	neste/MMCF		Gravity of	Condensate		
Testing Method (paot, back pr.)	Tibing	Tibing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CER	TIFICATE (OF COM	IPLIA	NCE		OIL CC	NSERV	ATION	DIVISION	NC	
I hereby certify that the rules Division have been complied is true and complete to the b	with and that the it	aformation g	iver abo	ve.	ll .	e Appro		AUG 2			
Del. de	ly				By	• •	7		1		
Signature Doug W. Whaley,	Staff Admi	in. Sup	ervis Tale	or	Tit.		SUP	ERVISOR	DISTRIC	7 23	
July 5, 1990		303	=830=	4280	. '"'						

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.

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

Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		IO INA	NOF	ONI OIL	AND NAT	Of the Con	Weil	Pl No.			
AMOCO PRODUCTION COMPA	NY							0/5001/0			
P.O. BOX 800, DENVER,	COLORAD	0 8020	1				30	04522149			
Reason(s) for filing (Check proper box)					X Other	(Please explain	a)				
New Well		Change in	Transpo Dry G		NAN	E CHANCE	- Fle	rance	# 13A		
Recompletion	Oil Casinghes	_	Coade		NAP	IE CHANGE		1 111000			
Change in Operator											
nd address of previous operator											
I. DESCRIPTION OF WELL Label Name	AND LEA	Well No.	Pool I	lame, Includir	ng Furmation		Kind	of Lease	Lease No.		
FLORANCE GAS COM /I/		13A			ESAVERDE	<u> </u>	FE	DERAL	82 0	78414	
Location I		1575		_	FSL Line	10	010 g	set From The	FEL	Line	
Unit Letter	_ :		Feet F	rom The	Line	180					
Section 18 Townsh	3()	N	Range	9W	, NR	IPM,	SA	N JUAN		County	
III. DESIGNATION OF TRAI	NSPORTE	R OF O	L A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden	SMR		Voorer (CIM			d copy of this fo		nt)	
GONOCO Braker			or Dr					TELD NM d copy of this fo		rd)	
Name of Authorized Transporter of Case SUNTERRA GAS GATHERIN	G CO.		- DI		P.O. B	OX 1899,	BLOOME	IELD, NM			
If well produces oil or liquids,	Unit	Soc.	Twp	Rge.	is gas actually	connected?	Whe	When ?			
If this production is commingled with the	L (rom any cu	her lease or	pool, g	ive comming	ing order sumi	per:					
IV. COMPLETION DATA									le 9>-	Diff Res'v	
Designate Type of Completion	n + (X)	Oil Well	1	Gas Well	New Well	Workover	Doepes	i land hack	Same Res'v	L. Kesv	
Data Spudded		pi. Ready K	Prod		Total Depth	l	<u> </u>	P.B.T.D.	<u> </u>		
	<u> </u>				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	OCTIONAL						Depth Casing Shoe		
Perforations								Depth Case	ig 21104		
		TURING	CAS	SING AND	CEMENTI	NG RECOR	D.				
HOLE SIZE		ASING & T				DEPTH SET			SACKS CEM	ENT	
11000 0100											
					 						
V. TEST DATA AND REQU	EST FOR	ALLOW	ABL	E			la alfa fan	مط مد لماسداد مذا	for full 24 ha	urs)	
OIL WELL (Test must be after	r recovery of	total volume	of loc	d oil and mu	Producing N	rescent top all feshod (Flow, p	ump, gas lý	, etc.)	<i>j j</i>		
Date First New Oil Rua To Tank	Date of 7	cm.				. 3 63 5 wre (a) 100 1					
Length of Test	Tubing F	LETHIC			Casing Pres	mare the third to	क छ छ	Chote Size	•		
	Oil - Blo				Water - Bbl	L ners	9 1990	Our MCF			
Actual Prod. During Test	Oil - Bix	L		•			-				
GAS WELL						OIL CO		N			
Actual Prod Test - MC17D	Leagth (N Test			Bbls. Conde	MMO	îî. 3	Gravity of	Convenente		
	7000	Pressure (Sli	(al-im)		Casing Pres	sure (Shut-in)	 -	Croic Siz	•		
Testing Method (putet, back pr.)	1 doing	ricesure (un									
VI. OPERATOR CERTIF	ICATE	F COM	PLL	ANCE			NICER	VATION	וצועום	ON	
I harshy carries that the rules and it	eulations of t	he Oil Cons	ervatio	XQ.			NOEN	AVION	J. 1.0	<u></u>	
Division have been complied with a is true and complete to the best of the be	und that the #	iormation g	IACE S	pove	Date ApprovedOCT 2 9 1990						
is true and conspices to six deal of					Da	re whbrov					
LI H. Uhley					Ву		_3		\mathcal{A}_{-}		
Signature Doug W. Whaley, Sta	aff Admi	n. Sup	<u>ervi</u>	sor	-,		_	PERVISOR		T #3	
Printed Name			Tit	le	Titl	е	30	FERVISOR	ייייייייייייייייייייייייייייייייייייייי		
October 22, 1990		303	=830 ciepho)=4280 nc No.	1						
					August 17	437000					

- 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.

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, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazas Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Amoco Production Company 3004522149 Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Reason(s) for l'iling (Check proper boz) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion X Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Lease No. FLORANCE 13A **\$LANCO** (MESAVERDE) FEDERAL 82 078414 Location Feet From The FSL 1575 Feet From The Unit Letter . Range 9W Section 18 Township 30N SAN JUAN NMPM III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) K CONOCO P. O. BOX 1429, BLOOMFIELD, NM 87413 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas [X 2. O. BOX 1899, BLOOMFIELD, NM 87413 SUNTERRA GAS GATHERING CO. If well produces oil or liquids, Unit is gas actually connected? When ? Twp Rge. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well | Gas Well New Well | Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Date Compl. Ready to Prod. l'otal Depth Date Spudded P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbis Gas- MCF GAS WELL Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Testing Method (pitot, back pr.) Tubing Tressure (Shut-in) Casing Pressure (Shut-in) 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 is true and complete to the best of my knowledge and belief. Date Approved ____MAY_08_1989 By_ Staff Admin S

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

.L. Hampton

Janaury 16, 1989

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUFERVISION DISTRICT # 3

- 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.

Suprv.

303-830-5025

ist phone No

4) Separate Form C-104 must be filed for each pool in multiply completed wells.