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

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

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

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
Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

| Operator | Well API No. |
|---|---|
| General Atlantic Resources, Inc. | |

Address: 410 Seventeenth Street, Suite 1400 - Denver, Colorado 80202

Reason(s) for Filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Operator [X]
- Other (Please explain) [ ]

Change in Transporter of:
- Oil [ ] Dry Gas [ ]
- Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator: BHP Petroleum (Americas) Inc., 5847 San Felipe, Suite 3600, Houston, Tx 770

**II. DESCRIPTION OF WELL AND LEASE**

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| Miller Gas Com "B" | 1-E | Basin Dakota | State, Federal or Fee | |

Location
Unit Letter L : 1780 ~~1835~~ Feet From The South Line and ~~1520~~ 1120 Feet From The West Line
Section 20 Township 30N Range 13W NMPM, San Juan County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

| Name of Authorized Transporter of Oil or Condensate | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Giant Refining, Inc. [XX] | P.O.Box 256, Farmington, NM 87401 |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas [XX] | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Co. | P.O.Box 990, Farmington, NM 87401 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |
|---|---|---|---|---|---|---|
| | L | 20 | 30N | 13W | Yes | 5/11/65 |

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

**IV. COMPLETION DATA**

| Designate Type of Completion - (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 | P.B.T.D. |
|---|---|---|---|
| | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | | | |
| Perforations | | | 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 must be equal to or exceed top allowable for this depth or be for full 24 hours)

| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
|---|---|---|
| | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |
| | | | |

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DIST. 3

GAS WELL

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

**VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Jim Lee Wolfe
Signature
Jim Lee Wolfe / Vice President - Operations
Printed Name Title
June 24, 1993 303-573-5100
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved JUL 8 1993

By Bill D. Cheney
SUPERVISOR DISTRICT #3

Title

**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.