State of New N Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 Energy, Minerals and Natural 1

Department

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

THE PROPERTY	OIL CONSERVA		V		,	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		ox 2088 exico 87504-2088		1	<i>;</i>	
DISTRICT III 1000 Rio Brazas Rd., Aziec, NM 87410	REQUEST FOR ALLOWAE		ATION	. /		
I.	TO TRANSPORT OIL AND NATURAL GAS					
			30045	511497		
Address			11777			
Reason(s) for Filing (Check proper box)	Box 800, Denver, Colorad	Other (Please explain	n)			
New Well	Change in Transporter of:					
Recompletion	Oil Dry Gas Casinghead Gas Condensate					
If change of quantum give name	neco Oil E & P, 6162 S.	Willow, Englewood	l, Color	ado 80	155	
II. DESCRIPTION OF WELL	AND LEASE					
Lease Name	Well No. Pool Name, Including Formation			Lease No.		
SAN JUAN 32-9 UNIT	56 BLANCO (MES		RAL 820791430			
Unit LetterK	: 1550 Feet From The FS	L Line and 1600	Fee	t From The	FWL	Line
Section 12 Townshi	p32N Range10W	, NMPM,	SAN JU	IAN		County
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS Address (Give address to wh	ch approved	copy of this fo	orm is to be se	nt)
Name of Authorized Transporter of Casin EL PASO NATURAL GAS COI		Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978				
If well produces oil or figuids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When ?				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:				
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Dilf Res'v
Designate Type of Completion Date Spudded	Date Compl. Ready to Prod.	Total Depth	l	P.B.T.D.	l	
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Top Oil/Gas Pay		Tubing Depth	
Perforations				Depth Casing Shoe		
	TUBING, CASING AND	CEMENTING RECOR	<u> </u>	·		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
V. TEST DÁTÁ AÑO REQUE	ST FÖR ALLOWABLE	l		1	-	
OIL WELL (Test must be after	recovery of total volume of load oil and mus	t be equal to or exceed top allo	wable for this	depth or be	for full 24 hou	rs)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pu	mp, gas lýt, e	<i>ι</i> ε)		
Length of Fest	Tubing Pressure	Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas- MCF		
		<u> </u>		l		
GAS WELL	- 4 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	This continue was		Tzictolii ozz		······································
Actual Prod. Test - MCT/D	Length of Test	Bbis. Condensate/MMCF		Gravity of Condensate		
Lesting Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE		OII CON	OIL CONSERVATION DIVISION			
I hereby certify that the rules and regu- Division have been complied with and		OIL CON	IOLI IV	ATION	DIVIOIC	<i>)</i> 1
is true and complete to the best of my knowledge and belief.		Date ApprovedMAY 0.8 1099				
J. J. Han	By Bin Show					
Signature J. L. Hampton S	r. Staff Admin. Suprv					
Printed Name	Title 303-830-5025	Title				

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

Date

- 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.

Telephone No.

- 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.