hubmit 5 Copies
Appropriate District Office
DISTRICT I
10. 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 2038

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410

NSTRICT II
10. Drawer DD, Artesia, NM 88210

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

Decision			Well API No.	
GREAT WESTERN DRI	LLING CO.		30-045-27423	
Address				
2550 La Plata Hwy	, Farmington, NM 87401			
Reason(s) for Filing (Check proper box)		Other (Please explain	)	
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas			
Change in Operator	Casinghead Gas Condensite			
f change of operator give name				
and address of previous operator				
I. DESCRIPTION OF WELL	AND LEASE			
Lease Name	Well No.   Pool Name, Includ	ing Formation	1 Kind of Lense hope Me 1370 Store, Forgraf of Fee E-5386, B-11370	
PUBCO STATE COM	4 Basin Fru	iitland Coal	State E-3386, B-113/U State E-3150	
Location				
Unit Letter L	: 1550 Feet From The _	South Line and 920	Feet From The West Line	
Section 36 Townshi	p 31N Range 11W	, NMPM. Sa	n Juan County	
	and an extension of the states	T 1 7 1 0		
	ISPORTER OF OIL AND NATU			
Name of Authorized Transporter of Oil	or Condensate	Accress (Crive de antiva la viaca	<mark>А арукон и клуун бийжүүн кий м</mark> енесин б	
None			<del></del>	
Name of Authorized Transporter of Casin	ghead Gas or Dry Gas X	1	th approved stepping that the entries of the section	
<u>El Paso Natural Gas C</u>	<u> </u>		Farmington, NM 87499	
If well produces oil or liquids,		e. Is gas actually connected?		
give location of tanks.	L 36 31N 11W		5-25-90	
	from any other lease or pool, give comming	gling order number:		
IV. COMPLETION DATA		<del></del>	<del></del>	
m	Oil Well Gas Well	New Well Workover	Deepen Ping Broti Some Res's Din Sol's	
Designate Type of Completion		<u> </u>		
Date Spudded	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.	
11-1-89	3-25-90	2470'	2469'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
5901' GR	Basin Fruitland Coal		2434'	
Perforations			Depth Casing Nace	
2301-2458				
	TUBING, CASING AND	CEMENTING RECORL	<u>)</u>	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS DENEMIN	
14-3/4"	10-3/4"	258'	250 sx Class "B"	
8-3/4"	7"	2271	572 sx 65-35 pozmix	
			118 sx class "B" neat	
6-3/4"	4½" liner	2159-2469	50 sx 50-50 pozmix	
V. TEST DATA AND REQUE	ST FOR ALLOWABLE 🚁 🐒	2424		
OIL WELL (Test must be after	recovery of total volume of load oil and mu			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pa	DEEE VEN	
8°				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
s			MAY2 4 1990	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	OIL CONL DIV	
			OIL CON. DIV.	
GAS WELL			DIST. 3	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Congensate/MUMCF	Gravity of Physicalistic	
1166 mcf	3 hrs.	0	. 0	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	CD/Se N.C	
3/4" open flow	790#		3/4"	
		004#	<u></u>	
VI. OPERATOR CERTIFIC		U OIL COM	SERVATION DIVISION	
I hereby certify that the rules and regu	manons of the Un Conservation			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			MAY 2 4 1990	
a not any complete to the cost of any anomongo and content		Date Approved		
J. 0. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0 10.	Original St. 11 American	
Solulo Yasckell		By Uriginal Sign	By Original Signed by CHARLES GHOLSON	
Signature Roberta Paschall	Production	'		
Printed Name	Title	Title DEPUTY O	il a gas merector, dist. 🙉	
May 23, 1990	(505) 327-0494			
Date	Telephone No.			
AND ADDRESS OF THE PROPERTY OF THE PARTY OF	CONTRACTOR OF THE PROPERTY OF			

INSTRUCTIONS: This form is to be filed in compliance with Rule 110.

- 1) Request for allowable for newly drilled or deepened well must be accompanied by mibulation of the control of
- 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, transport of all states and
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.