

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-045-27424
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-5386, B-11370, E-3150
7. Lease Name or Unit Agreement Name PUBCO STATE COM
8. Well No. 3
9. Pool name or Wildcat Blanco P.C. ext.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator GREAT WESTERN DRILLING CO.
3. Address of Operator 2550 La Plata Hwy, Farmington, NM 87401	4. Well Location Unit Letter J : 1535 Feet From The South Line and 1640 Feet From The East Line Section 36 Township 31N Range 11W NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5928 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: 2-7/8" tubing for long string <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spud 12 1/2" hole @ 5:30 P.M. 9-26-89.
Ran 6 jt's 8-5/8" 24# K-55 ST&C 8rd csg. 253' set @ 265' K.B.
Cemented w/200 sx class "B" + 2% CaCl plug down 1:30 A.M. 9-27-89.
Cement circulated, W.O.C. 12 hr. nipple up B.O.P. test B.O.P. & 8-5/8" csg to 600#
for 30 min. o.k.
9-30-89 TD 2730', ran logs, ran 2-7/8" EUE 8rd tubing for long string.
Cemented w/150 sx class "G" + 2% CaCl release & move out drlg rig.
Ran temp survey found top of cement outside 2-7/8" tubing @ 2000'.
Mix & pump 627 cu. ft. 65/35 Posmix + 12% gel cement circulate to surface, lay 1"
down.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE D.E. Baxter TITLE Superintendent DATE 1-3-90

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # DATE JAN 04 1990

CONDITIONS OF APPROVAL, IF ANY:

Submit 5 Copies:
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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator GREAT WESTERN DRILLING CO.		Well API No. 30-045-27424
Address 2550 La Plata Hwy, Farmington, NM 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

RECEIVED
JAN 04 1990
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name PUBCO STATE COM	Well No. 3	Pool Name, Including Formation Blanco Pictured Cliffs Ext.	Kind of Lease State, Federal or Fee	Lease No. E-5386 E-3150 B-11370
Location Unit Letter J : 1535 Feet From The South Line and 1640 Feet From The East Line Section 36 Township 31N Range 11W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NONE						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Eagle Co.						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					No	1-20-90

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
		X	X					
Date Spudded 9-26-89	Date Compl. Ready to Prod. 10-11-89	Total Depth 2730	P.B.T.D. 2687					
Elevations (DF, RKB, RT, GR, etc.) 5928 GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2556	Tubing Depth Tubingless Depth Casing Shoe 2730					
Perforations 2556-2647 Pictured Cliffs								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2	8-5/8"	265	200 sx class "B" cement cir.					
6-3/4"	2-7/8"	2730	150 sx class "G" 2% CaCl					
10-4-89 rig up completion rig, ran 1" I.J. outside 2-7/8" tag cement @ 2072 pump 627 cu. ft.								
65/35 Posmix + 12% gel brought cement to surface, pull strain on 2-7/8" WOC 12 hr.								

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

GAS WELL

Actual Prod. Test - MCF/D 1682.4	Length of Test 3 hrs.	Bbls. Condensate/MMCF NONE	Gravity of XXXXXX gas (assumed) 6.5
Testing Method (pilot, back pr.) 3/4" open flow	Tubing Pressure (Shut-in) Tubingless slimhole comp.	Casing Pressure (Shut-in) 718	Choke Size 3/4"

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.

D. E. Baxter
Signature
D. E. Baxter Superintendent
Printed Name
1-3-90 Date
(505) 327-0494 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 04 1990
By Original Signed by FRANK T. CHAVEZ
Title SUPERVISOR DISTRICT 3

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.