

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

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. 30-045-27427
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 type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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JUN 7 1990

If change of operator give name  
and address of previous operator

**OIL CON. DIV**  
**DIST. 3**

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. E. DECKER	Well No. 10	Pool Name, Including Formation Basin Fruitland	Kind of Lease <input type="checkbox"/> Fee State, Federal or Fee	Lease No. 14-08-001-1201
Location Unit Letter <u>MK</u> : <u>1135</u> Feet From The <u>South</u> Line and <u>1130</u> Feet From The <u>West</u> Line				
Section 7 Township <u>22N</u> Range <u>11W</u> , 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)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 4289, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 7	Twp. 32N	Rge. 11W	Is gas actually connected? No	When? W. O. pipeline

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 11-8-89	Date Compl. Ready to Prod. 3-28-90		Total Depth 2976		P.B.T.D. 2971			
Elevations (DF, RKB, RT, GR, etc.) 6479 GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2801-2963		Tubing Depth 2936			
Perforations 2801-2963					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4	10- 3/4	261	275 class "B" 2% ca. cl
8-3/4	7"	2775	590 sx 12% gel + 118 sx reg
6 1/2	4 1/2" liner	2646-2975	50 sx 2% ca. cl.
	2 7/8	2936	

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 4-4-90	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 3 hrs.	Tubing Pressure 116	Casing Pressure 228	Choke Size 3/4
Actual Prod. During Test 1557 MCFD	Oil - Bbls.	Water - Bbls. 14	Gas - MCF 1557

GAS WELL

Actual Prod. Test - MCF/D 1557	Length of Test 3 hr	Bbls. Condensate/MMCF "0"	Gravity of Condensate
Testing Method (pilot, back pr.) 3/4" orifice	Tubing Pressure (Shut-in) 1040	Casing Pressure (Shut-in) 1048	Choke Size 3/4" X 2"

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.

Signature D. E. Baxter  
Printed Name D. E. Baxter Supt.  
Date 6-5-90 Telephone No. 327-0494

OIL CONSERVATION DIVISION

Date Approved JUN 7 1990

By [Signature]  
Title SUPERVISOR DISTRICT 13

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.

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