Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

ue or New Mexico

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

						1 116 0	A MO A L			
Operator SG Interests I, Ltd.							Well API No. 30-045-28889			
Address	·					<u></u>			· ·	
P. O. Box 421	, Blanco	, ŃM	87412-0	0421						
Reason(s) for Filing (Check proper box)	, <u>.</u>			Out	ves (Please expl	lain)	LGE	V	5	
New Well X									50 ∤ }	
Recompletion Oil Dry Gas UN										
Change in Operator Casinghead Gas Condensate MAR 2 9 1993										
If change of operator give name and address of previous operator CH. CON. Tr.										
II. DESCRIPTION OF WELL AND LEASE					Sist →					
Lease Name Well No. Pool Name, Include Federal 31-11-21 1 Basin Fr					• .			of Lease No. Federal OnoFrank CEO 70006		
Location					artiana coar			SF078096		
G 1705 - North 2000 - East										
01 2117					¢ 100			~	Line	
Section 21 Townshi	p 31N	R	ange 11V	, N	мрм,	Sa	ın Juan	·	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil	Address (Giv	Address (Give address to which approved copy of this form is to be sent)								
Gary-Willaims Energy Corporation P. O. Box 159, Bloomfield, NM 87413										
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids,	······································				y connected?	When				
give location of tanks.	G 2		1N 11W	W No			Approx 4/10/93			
If this production is commingled with that I IV. COMPLETION DATA	from any other lea	ae or poo	ol, give commi	egling order numi	ber:					
IV. COMPLETION DATA	lou	Well	Gas Well	Now Wall	Workover	1 0	Non-Post les		him h	
Designate Type of Completion	- (X)	44.677	X	X	 Motroset	Despen	Plug Back Sai 	me Kee'v	Diff Res'v	
Date Spudded 12-11-92	Date Compl. Re	-		Total Depth	26551	 	P.B.T.D.	2610	•	
Elevations (DF, RKB, RT, GR, etc.)	3-05-93 Name of Producing Formation			Too Oil/Gas I	2655 Top Oil/Gas Pay			2610'		
5885' GR	Fruitla	-			2400'			Tubing Depth 2506 1		
Perforations								Depth Casing Shoe		
2463'-2485', 2449'-2452', 2406'-2410', &						· · · · · · · · · · · · · · · · · · ·	<u> </u>	2660	t 	
				O CEMENTI	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12 1/4"	8 5/8"				268.47			200 sx Class B w/2% CaC1		
7 7/8"	5 1/2"			-	2661			270 sx 65/35 Poz + 100 sx		
	0.070							Class B w/1% CF-14& 0.4%		
TEST DATA AND RECUES	T FOR ALL	3/8"	1 6		2506'			Thrifty Lite		
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 Rue To Tank	Date of Test				thad (Flow, pu					
Length of Test	Tubing Pressure			Casing Pressu	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis			Gas- MCF			
	Oil • Bolk				water - Doff					
GAS WELL SI - WO PL	Conncetio	n/In:	itial Po	tential -	พาไไ ระเ	ibmit wh	en tested	, , ,		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condens		TOMITE WIT	Gravity of Cond		·	
	M		 		· · · · · · · · · · · · · · · · · · ·					
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)			_	Caxing Pressure (Shut-in)			Choke Size		
W ODER A MOD GEOGRAP	300 psi			400 p	400 psi			1/4"		
VI. OPERATOR CERTIFICATE OF COMPLIANCE					M CON	CEDVA	TION DI	VICIO	A I	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					IL CON	SEHVA	'ION DI	A1210	IN ;	
is true and complete to the best of my knowledge and belief.				0-4-	Data Approved MAY 1 0 1993					
	Date	Approved			- 					
Canin a Bay					_	(بدة	d			
Carrie A. Baze Agent					SUPERVISOR DISTRICT #3					
Printed Name 3/26/93 (915) 694-6107					3	OFER VIS	ON DISTR	ICT #	3	
3/20/93 Due	(915)	Telephor		Title_						
		reseption								

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.