J BOX 1960, Hoobs, NM 88240

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

. j OIL CONSERVATION DIVISION

Energy, Minerals and Natural Resourcer

State of New Mexico

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

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Form C-104 Revised 1-1-89 See Instructions

DISTRICT III IOW Rio Brazos Rd., Aziec, NM 87410	C				A	RTEPIA OF		12T	
1		OR ALLOWAE					11	No	
	1018	ANSPORT OIL	AND NAT	UHAL GA		DI N'o		 	
Uperator /					Well API No.				
Central Resources, Inc. /				- 	3001	50322500)S1	1	
1776 Lincoln Street,	Suite 1010,	Denver, Col	lorado 8	30203					
Reason(s) for Filing (Check proper box)			Othe	s (Please explai	ur)			11	
New Well		n Transporter of:					'	<i>[</i>]	
Recompletion \square	Oil L	Dry Gas							
Change in Operator [X]	Gasinghead Gas [Condensate [
If change of operator give name and address of previous operator	eka Rolling	C y Company,	l625 Broa	idway, De	nver, (Colorado	- 80203	<i>.</i>	
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well No	ng Formation Oueen Kind			of Lease No.				
f I		Grayburg 3	-	-	SA SAME	Sum Federal of Res LC 062407			
Unit Letter L	:1980	Feet From The	_SLine	and	560 Fo	et From The _	W	Line	
Source 22 Township	170	•						C :	
Section 3.3 Township) 17S	Range 291	E NA	ирм,	1	<u>Eddy</u>		County	
III. DESIGNATION OF TRAN	SPORTER OF O				***************************************				
Name of Authorized Transporter of Oil	ensate				proved copy of this form is to be sent)				
<u>Texas-New Mexico Pip</u> e						n, TX 77242			
Name of Authorized Transporter of Casing	ghead Gas X	or Dry Gas	Address (Giw	e address so wh	ich approved	copy of this for	rm is to be se	:nt)	
Phillips 66 Natural C	Gas Company	 -	G&GL Gas	s Settler	nents, 1	Bartlesv	<u>ille, O</u>	K 74004	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		Is gas actually connected?			When ?			
give location of tanks.	L 33	17S 29E	Yes	5		December	1966		
If this production is commingled with that: IV. COMPLETION DATA	from any other lease	or pool, give comming	ling order numi	ber: <u>N/2</u>	Α				
	Oil W	ell Gas Weil	New Well	Workover	Deepen	Plug Bick	Same Res'v	Diff Resiv	
Designate Type of Completion Date Spudded	1	lo Prvd	Total Depth	<u> </u>	<u></u>	I I			
Date Spudded Date Compl. Ready to Prod.					P.B.T D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations			<u> </u>			Depth Casing Shoe			
						bejan (asing	, 3.50		
	TUBIN	G, CASING AND	CEMENTI	NG RECOR	D			• •	
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET			SACKS CEMENT			
							4-12-91		
						che an			
							7		
V. TEST DATA AND REQUE. OIL WELL Test must be after.						:- J	6.11 24 b.a)	
Date First New Oil Run To Tank	Date of Test	me of load oil and mu		lethod (Flow, p			or juit 24 ho	WS.)	
Date First New Oil Rule To Talls	Date of Test		I rounding ivi	iculos (110 0 , p	ω·ψ, gus 191,	 ./			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls		Gas- NICF				
	J., 25.2								
GAS WELL				*					
Actual Prod. Test - MCF/D	Length of Test		Bbis Conde	nsaie/MMCF		Gravity of C	ondensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shuk-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF COM	MPLIANCE							
I hereby certify that the rules and regulations of the Oil Conservation				OIL COI	NSERV	'ATION	DIVISI	NC	
Division have been complied with and is true and complete to the best of my	that the information	given above				ADD 5	1001		
				Date Approved APR 5 1991					
Irene trupllo						GNED BY			
Signature Irene Trujillo, Engineering Technician				By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IT					
Printed Name	Title	SUF	PERVISOR	R, DISTRIC	ा ग्र				
4/1/91	(303)	830-1632	11 11116	<i>-</i>			- 100 005		

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

Dire

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordan 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 o her such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.