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

State of New Mexico, Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instruction at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-031-20646 Enerdyne Corporation Address Box 502 Albuquerque, N.M. 87103 P.O. Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well X Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator 11. DESCRIPTION OF WELL AND LEASE LG2 779 Na Kind of Lease Pool Name, Including Formation Chaco Wash Mesa Verde Lease Name State, Federal or Fee State Location Feet From The North Line and 2635 Feet From The .. Line 660 Mckinley County 9W 20N NMPM. Section 28 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)
P.O. Box 256 Farmington, N.M. 87401 Name of Authorized Transporter of Oil Giant Refining Co. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas [ | Sec. 28 is gas actually connected? When? **Twp.** 20N Rge. 9W If well produces oil or liquids, Unit give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order samber: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Performions TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE at be equal to or exceed top allowable for this depth or be for full 24 hours. (Test must be after recovery of total volume of load oil and m Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Tes Choka Size Casing Pressure Length of Test Tubing Pressure OCT21 1992 Water - Bbls Actual Prod. During Test Oil - Bbls. OIL CON. DAY DIST **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation OCT 2 1 1992 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved By\_ Signature President <u>Frank Welker</u> Vice SUPERVISOR DISTRICT # 3

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

Printed Name

Date

1/9/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

291-9502

- 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.