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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Gary-Williams Oil Producer, Inc.

Address  
Four Inverness Court East, Englewood, CO 80112-5599

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Operator Name Change

If change of ownership give name and address of previous owner Samuel Gary Oil Producer, Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tayler 30	Well No. #15	Pool Name, including Formation San Juan Mancos	Kind of Lease State, Federal or Fee Federal	Lease No. NM 16579
Location Unit Letter <u>C</u> ; <u>990</u> Feet From The <u>south</u> Line and <u>215</u> Feet From The <u>East</u>				
Line of Section <u>30</u> Township <u>21N</u> Range <u>3W</u> , NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1702 Farmington, NM 87401
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)
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	M   30   21N   3W

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Ray Hagan  
(Signature)

Operations Superintendent  
(Title)

December 22, 1983  
(Date)

OIL CONSERVATION DIVISION

2-6-84  
APPROVED FEB 06 1984

BY [Signature]  
SUPERVISOR DISTRICT # 3

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatc tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio

Separate Forms C-104 must be filed for each pool in multip. completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well	Workover XX	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/11/81	Date Compl. Ready to Prod. 9/23/81		Total Depth 5000'			P.B.T.D. N/A			
Elevations (DF, RKB, RT, GR, etc.) 7079' GR		Name of Producing Formation Gallup		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8			Surface-348		350sx(375.46 cu.ft.)			
8-3/4	7			Surface-4304		240sx, 350sx(788.47 cuft 2 Stages			
4-3/4	4-1/2			4850-4851		Squeeze w/100sx(133.64c			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)  
 OIL WELL

Date First New Oil Run To Tanks	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size