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

State of New Mexico Lugy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-39
See Instructions
at Rettern of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

DECLIFET FOR ALL CHARLES AND ALL

DISTRICT III 1000 Rio Brizos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

L	neu				L AND NA						
Operator					27110 117	i o i i c		API No.			
Renson-Montin Greer	<u>Drilli</u>	ng Cor	. a	 		<u></u>	1 30	0-039-236	606		
	r Blda	Easem	inata	n More	. Morri a a	97/.01					
221 Petroleum Center Bldg., Farmington, New Mexico 87401 Resecus) for Filing (Check proper box) Other (Please expens)											
New Well Recompletion		Change i	•								
Change in Operator X	Oil Casinghe	ad Gas 🔯	Dry Ga								
If change of operator give name					D 26 26	20 01 1 1	2:.	0 17	72126	0200	
			ipany.	<u> </u>	Box 2630	OKTAR	ioma Cir	y. U.K.	. /3126	-0300	
IL DESCRIPTION OF WELL Lease Name	AND LE		Pool N	tme, includ	ing Formation		Kind	of Lessa		ease No.	
Twlight Zone	1 4 1						Federal or Fe				
Location								<u>-</u>			
Unit LetterJ	_: 185	0	_ Feet Fn	om The _S	outh Lie	e and18	850R	et From The .	East	Line	
Section 12 Townshi	io 24N		Range	2W_	, N	MPM,		Rio	Arriba	County	
III DESIGNATION OF TOAR	ichopar	TD OP O		D 314 777	M 1						
Name of Authorized Transporter of Oil	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)										
Giant Refining Co.					į.		• •	x Arizona 85068			
Name of Authorized Transporter of Casin Benson-Montin-Greer Dri					Address (Giv	e eddress to w	hick approved	copy of this form is to be sent)			
If well produces oil or liquids,	Unit	Sec.	Twp.	Ree	221 Petroleum Ctr.Bldg.,Farmington,NM 87401 Is gas accumily connected? When?						
give location of tanks.	<u> </u>			1	no- we	11 T.A.					
If this production is commingled with that IV. COMPLETION DATA	from any ou	er icese or	pool, give	e comming	ing order numi	Der:				 -	
		Oil Well	G	ias Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	i_		İ						
Date Spudded Date Compi. Ready to Prod.				Total Depth			P.B.T.D.				
Elevanons (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	emation		Top Oil/Gas	Pay	· ·	Tubing Dept	h		
Perforations						·					
					Depth Casing Shoe						
	TUBING, CASING AND				CEMENTI	NG RECOR	D	<u>!</u>			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
					-						
V. TEST DATA AND REQUES	TEORA	LLOW	RIF	. <u> </u>		 					
OIL WELL Test must be after re				il and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hou	F3.)	
Date First New Oil Run To Tank	Producing Method (Fiow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressu	ne		Choke S	I E IT	S I II II	
					-			U			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MO	DEUS	2 0 1991	
CACTUELL	<u> </u>								DLUZ		
GAS WELL chusi Prod. Test - MCF/D Leagth of Test					Bbis. Condens	mar MMCF		Gravity of College Con. DI			
								DIST. 2			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFIC	ATE OF	COMP	T T A NT	TE .				<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and befief.					DEC e A 1001						
MB - STD					Date Approved DEC 2.0 1991						
Willer // pier					Srah S(V)						
Signature Albert R. Greer President					SUPERVISOR DISTRICT # 3						
Printed Name Title					Title_		OPERVIS	UK DISTR	TCT#3	 	
Date			25-88 hone No.								
					1						

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.