Submit 5 Copie:
Appropriate District Office
DISTP CT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REC	UEST F	OR A	LLOWA	BLE AND	AUTHOR	RIZATION	i I			
I.						ATURAL C					
Operator	Well API No.										
Benson Montin Greer Drilling Corp.					30-039-24057						
221 Petroleum Cen	ter Bui	.lding,	Farm	ningtor	ı, New M	exico {	87401				
Reason(s) for Filing (Check proper box)						ther (Please exp	piain)				
New Well		Change is	• •								
Recompletion	Oil		Dry G	_							
Change in Operator XX	Casinghe	ad Gas 🛚	Conde	anie							
If change or operator give name and address or previous operator Ory	yx Ener	gy Com	pany.	P.O.	Box 2630	00. Oklah	noma Cit	y. O.K.	73126-0	0300	
II. DESCRIPTION OF WELL	AND LE	EASE		_							
Lease Name		Well No. Pool Name, includ						of Lesse	Todayal Dan Essa		
Full Sail "C" Location		4		Gavil	an Manco	os	State	areaess or re	NM :	23039	
Unit Letter I	. 1	420	Ford Fr	 S	outh Li	66	0 -	eet From The	East	Line	
Omi Letter	_ :		_ rea m	rom the _	11	ne and	r	cet riom ine.	2000	11106	
Section 30 Townsh	ip 25	N	Range	2W	, 1	₹MPM,		Rio Arr	iba	County	
III DESIGNATION OF TRAN	JCPADTI	TP OF O	TT AN	D NATT	IDAI CAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil A or Condensate Address (Give activess to which approved copy of this form is to be sent)									uni)		
Giant Refining Co.					P.O. Box 9156, Phoenix, Arizona 85068						
				Gas 🗀				copy of this form is to be sent), Farmington, NM 87401			
Benson-Montin-Greer Dr If well produces oil or liquids,	Unit	Sec.	Twp.	Per	Is gas actual		When		g con, NM	67401	
give location of tanks.	i T	30	25N		1	iy comected?	Wilei	1 1			
f this production is commingled with that	from any ou					ıber:					
V. COMPLETION DATA							,				
Designate Type of Completion	- (X)	Oil Weil	(Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spadded		pi. Ready to	Prod		Total Depth	<u> </u>		P.B.T.D.		ــــــــــــــــــــــــــــــــــــــ	
						=					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
	T	UBING.	CASIN	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			S	ACKS CEME	ENT	
								 			
. TEST DATA AND REQUES										,	
OIL WELL Test must be after re Data First New Oil Run To Tank	Date of Tes		of load o	il and must		exceed top allo ethod (Flow, pu		of C 1	or full 24 hour	s.)	
ALE THE TWO ON NOR TO TAKE	Date of Test				riouncing ivi	curou (Fiom, pa		2 II III	24 No. 110 No. 11 (N. 126 11.1)		
ength of Test	Tubing Pre	Tubing Pressure				Casing Pressure				עו	
								Choke Size	2 0 1991	1	
Actual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCT	- 1 D	. 13.7	
	<u></u>							OIL C	ON . \Box	44	
GAS WELL SCHOOL Test - MCF/D	Length of 1	est			Bbls. Conden	sale/MMCF		Gravity of Co	SST. 3		
	Longin or row				Dott. Contain						
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
L OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation 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 DEC 2 0 1991						
Mh. Il han					Date Approved						
fleet fler					By Stank . Java						
Albert R. Greer President					()						
Printed Name Title					Title SUPERVISOR DISTRICT #3						
12 -19 -91 Date 1	5	05/325 Telept	<u>-8874</u> Some No.								
/				1	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
- 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.