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 Instructions
at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

I.							AUTHORI TURAL G					
Operator								Well API No. 3004524566				
Address 1600 Broadway, Suit			 r CO	80	202						<del></del>	
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghea	Change in	Transp Dry G Conde	orier of: as nsale	<b>X</b>	Chang Chang	er( <i>Please expl</i> e of Own e of Ope y merger	ership I rator E	ffective	3-8-90		
II. DESCRIPTION OF WELL	AND LE											
Lease Name Fullerton Federal						-			of Lease Federal or Fee	4	ease No. 078094	
Location Unit Letter P	: 1,1	20	Feet F	rom Th	·	S Lie	e and1,	120 Fe	et From The	E	Lac	
Section 15 Townsh	ip 27N		Range	1	1W_	, N	мрм,		Sa	n Juan	County	
III. DESIGNATION OF TRAN	SPORTE	ER OF OI	L AN	ND NA	TUI	RAL GAS						
Name of Authorized Transporter of Oil		or Coaden	Fal <b>s</b>			Address (Gi	e address to w	hich approved	copy of this fo	orm is to be se	int)	
None  Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
Gas Company of New	s Company of New Mexico					Box 1	899, Blo	omfield	NM 87413			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	1	Rge.	1	y connected?	When	7 -1-81			
If this production is commingled with that IV. COMPLETION DATA	from any ou	her lease or p	pool, gi	ive com	mingli	<del></del>						
Designate Type of Completion		Oil Well	i.,	Gas Wo	ell	New Well	Workover	Deepca	Plug Back	Same Res'v	Diff Resiv	
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth		-	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing D				ери		
Perforations						<u>L</u>			Depth Casing Shoe			
TUBING, CASING AND						CEMENTING RECORD						
HOLE SIZE CASING &				SIZE		DEPTH SET				SACKS CEMENT		
	-						<del></del>					
V. TEST DATA AND REQUE OIL WELL (Test must be after						he equal to a	r exceed ton al	lowable for the	s death or be	for full 24 hou		
Date First New Oil Run To Tank	Date of To		0,1000	00 0,00			lethod (Flow, p			, , , , , , , , , , , , , , , , , , , ,	ros produc	
Length of Test	Tubing Pressure				Casing Press	rrue		Close Ste	E. 1 W			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			GMART 5 1990				
GAS WELL								<del></del>	OIL CO	DN. D	IV.	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	neace/MMCF		Gravity Bergen de				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION  MAR 1 5 1990  Date Approved  By SUPERVISOR DISTRICT #3							
Signature Signature												
Greg Twombly         President           Printed Name         Title           3/13/90         (303) 863-1555						Title						
Dute			phone			11						

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.