

Form C-104  
Revised 1-1-89  
See Instructions  
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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1900 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator McKenzie Methane Corporation	Well API No. 30-045-27827
Address 1911 Main Suite 255 Durango, CO 81301	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Angel Peak 16 L	Well No. 11	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. SF 077382
Location Unit Letter L : 1450 Feet From The S Line and 790 Feet From The W Line Section 16 Township 27N Range 10W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
1057 Sunterra Gas Gathering	P.O. Box 1899 Bloomfield, NM 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When?	
	no	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 9/15/90	Date Compl. Ready to Prod. 10/26/90	Total Depth 1924	P.B.T.D. 1827					
Elevations (DF, RKB, RT, GR, etc.) 6001 GR	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 1598	Tubing Depth 1746					
Perforations 1598-1604, 1630-48, 1662-72, 1674-78, 1685-88, 1778-94			Depth Casing Shoe 1923					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2	8 5/8", 24#	256'	200					
7 7/8	4 1/2", 11.6#	1923'	425					
	2 3/8", 4.7#	1746'	tbgs.					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, Pressure, 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 933	Length of Test 24Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate n/a
Testing Method (pilot, back pr.) 2" prover	Tubing Pressure (Shut-In) 180	Casing Pressure (Shut-In) 180	Choke Size 3/4"

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.

Signature R. J. Sagle  
Printed Name R. J. Sagle Op. Mgr.  
Date 12/24/90 Title 303-385-4654  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 22 1991

By [Signature]  
Title SUPERVISOR DISTRICT 13

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.