Submit 5 Copies
Appropriate District Office
DISTRICT |
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

OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

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(,	1	O THAI	157	JAI OIL	AND NA	I UNAL GA	Well A	PI Na	· · · · · · · · · · · · · · · · · · ·		
Bonneville F	vels	Corp	or	ation			30	-045	- 282	55	
Address 1600 Brodow	Jay,	Sui	te	1110	, Den	ver, (30202	<u>.</u>		
Reason(s) for Filing (Chesk proper box) Other (Please explain)											
New Well Change in Transporter of: Recompletion Dry Gas											
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate											
If change of operator give name.											
and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
ease Name Fullerton Federal 13 41 BASIN FRUITIAND COOL State, Federallor Fee SF 078094											
Unit Letter A: 1055 Feet From The N Line and 790 Feet From The E Line											
Section 13 Township 27 N Range // W NMPM, San Juan County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil	Address (Giv	ress (Give address to which approved copy of this form is to be sent)									
						Address (Give address to which approved copy of this form is to be stru) 125 P.O. BOX 26400 Albuqueroue . NM					
(SAS COMPANY OF NEW MEXICO well produces oil or liquids, Unit Sec. Twp. Rge.										////	
give location of tanks.	0	i		<u> </u>	no	· 	<u>i</u>	7/1	0/9/_		
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		·,						Div. Divi	le	birt Barby	
Designate Type of Completion -		Oil Well		Cas Well	New Well	Workover	Deepen		Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			_	Total Depth			P.B.T.D. 1994			
10/29/90	12	12/23/90			Top Oil/Cas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation FRUITIAND Coal			1604			1751			
Bedoration					1001			Depth Casing Shoe			
1604-1796						2097					
		TUBING, CASING AND				DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			309			250				
77/8		51/2			2097			267			
178	23/8			1751							
:								<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE			4			Can full 34 have		
OIL WELL (Test must be after re			of load	oil and must	be equal to o	r exceed top aud lethod (Flow, pi	owable for the	uc W		7	
Date First New Oil Run To Tank	Date of Test										
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			JULI 2 1991			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			OIL COM DIA			
GAS WELL									, DIST.	·	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Coade	mate/MMCF		Gravity of Condensate			
409	27 Mrs,				0			Choke Size / /			
Testing Method (piral, back pr.)	Tubing Pressure (Shut-in) \mathcal{H}				Casing Pressure (Shut-in)			3/4			
VI. OPERATOR CERTIFICATE OF COMPLIANCE							VISED V	ATION	חועופור	NC	
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 belief.					JUL 1 2 1991						
It true-and confiners to are next or trib tribusconds and nemer.						Date Approved					
Lory Maly.						•	7	d	_/		
Signamo Do Ris MALY Engineering Fech					SUPERVISOR DISTRICT 13						
Priated Name / (200) S/Z JE55					Title	θ	OUTENV	- Dis			
7/9/9/ (303) 863 7553											
Date		1 61	- provide		11					المستور ويوما الماد	

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.