

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Bonneville Fuels Corporation	Well API No. 30-045-28356
Address 1660 Lincoln Street, Denver, CO 80264	
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 Fullerton Federal	Well No. 14 33	Pool Name, including Formation West Kutz Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF-078094
Location				
Unit Letter J	: 2420	Feet From The S	Line and 1995	Feet From The E
Section 14	Township 27N	Range 11W	NMMPM, 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)					
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX, 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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
Date Spudded 12/13/90	Date Compl. Ready to Prod. 2/21/91	Total Depth 2075'	P.B.T.D. 1912'					
Elevations (DF, RKB, RT, CR, etc.) 6112 RKB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1834	Tubing Depth 1822'					
Performance 1834 - 1847	Depth Casing Shoe 1966							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8	DEPTH SET 308'	SACKS CEMENT 190
7 7/8	5 1/2	1966	280
	2 3/8	1822	

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, pump, gas lift, 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 773	Length of Test 4	Bbls. Condensate/MMCF 0	Gravity of Condensate 3
Testing Method (prior, back pr.) Back p.	Tubing Pressure (Shut-in) 210	Casing Pressure (Shut-in) 210	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  
Doris Maly  
Engineering Tech.  
Printed Name  
9/20/91  
303-863-1555  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
SEP 26 1991

By  
Original Signed by CHARLES GHOLSON

Title  
DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.