Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICT III		Santa Fe, New	Mexico 87	7504-2088					
1000 Rio Brazos Rd., Aztec, NM 8	REQUEST					1 .			
I.	TO TR	RANSPORT	OIL AND N	IATURAL C	SAS				
Openior SG Interests	I, Ltd.		Well			1 API No. 30-045-28925			
Address P. O. P / 2.1	D1	07410 040	_			30 04	2072	'	
· · · · · · · · · · · · · · · · · · ·	, Blanco, NM	8/412-042				,	·		
Reason(s) for Filing (Check proper New Well		in Transporter of:		Other (Please exp	dain)				
Recompletion	· -	Dry Gas							
Change in Operator	Casinghead Gas	Condensate] W	ater por	1# 38	165/26	<u>′</u>	4	
If change of operator give name and address of previous operator	· · · · · · · · · · · · · · · · · · ·								
II. DESCRIPTION OF WE				_					
Lease Name Federal 28-8	3-31 Well No.				of Lease Federal OFFREE		esse No.		
Location	<u>_</u>	basin r	rultland	Coal		' Legislat Onder	SF0	79319	
Vait LetterK	: 1385	_ Feet From The	South	ine and15	85 F	est From The _	West	Line	
Section 31 Tox	vaship 28N	Range 8W	1	NMPM,		San J	Juan	County	
III. DESIGNATION OF TE	YANSPORTED OF O	MI AND NAT	TIDAL CAS	,				COULT	
Name of Authorized Transporter of (NI aa Caada			ive address to w	hich approved	copy of this fo	rm is to be s	ens)	
Gary-Williams Energy Corporation 28 05724 Name of Authorized Transporter of Casinghead Gas or Dry Gas X				P. O. Box 159, Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Ga		or Dry Gea (* <u>*</u> 2 <u>805</u> /25		Box 499	<i>hich approved</i>). Farmi	l copy of this for neton. N	rm is <i>to be s</i> IM 8749	eni) 9 /(
If well produces oil or tiquids, give location of tanks.	Unit Sec.	Twp. Rg	e. Is gas actua		When	2		01	
·	K 31	28N 8W	_	lo	i	App rox	5/20/9	13-8/12/	
this production is commingled with V. COMPLETION DATA	that from any other lease or	pool, give commis	ngling order nun	nber:		 -			
Designate Type of Complet	Oil Well			Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	N Prod	Total Depth	<u> </u>	L	<u> </u>		<u> </u>	
11-27-92	27-92 4-24-93		2776'		P.B.T.D.	27	'60 '		
Elevations (DF, RKB, RT, GR, etc.) 6402' GL, 6415' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay			Tubing Depth			
erforations		· · · · · · · · · · · · · · · · · · ·	<u> </u>	2489	•		25	85'	
2544'-2554'	, 2539'-2541',					Depth Casing		770 '	
HOLE SIZE		TUBING, CASING AND							
12 1/4"		CASING & TUBING SIZE 8 5/8"		DEPTH SET			SACKS CEMENT		
7 7/8"	5 1/2"		283 '			200 sx Class B w/2% CaCl 280 sx Pacesetter Lite			
						w/12% gel + 100 sx Class			
TECT DATE AND DECK	2 3/8'	1		2585		B w/1% C	F-14 & 0	.4% Thri	
. TEST DATA AND REQU IL WELL (Test must be aft									
Oute First New Oil Run To Tank	er recovery of total volume of Test	ij idda ou ana mus	Producing Ma	exceed top allo	mable for this	depth or be for	Gull 24 kmm	朝后厅	
ength of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		MAY 2 0 1993		193	
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbla.		C-MIL CON. DIV.			
GAS WELL SI - WO	PL Conn/Initia	1 Doba-bio	1	- 1		U , U	DIST.	_	
citial Prod. Test - MCF/D	Length of Test	1 TOTELLIA	Bols. Conden		vnen tes	Gravity of Con	denesia		
			,			Company of Company			
ting Method (pitot, back pr.) Tubing Pressure (Shut-in) 160 psi			Casing Pressure (Shut-in)' 300 psi			Choke Size			
L OPERATOR CERTIF		TANCE	-	har		·	1/4		
I hereby certify that the rules and re	Substices of the Oil Content	TIMINCE		DIL CON	SERVA	ח אטוד.	NISIO	N.	
Division have been complied with a	nd that the information gives	n above			: \ * /~		. • .010	•	
is true and complete to the best of n	ny knowledge and belief.		Date	Approved	MA	Y 2 5 199	13		
<i>P</i> 22 2	. 0-			,,		A			
Signature Carrie A. B	250		By_		دمنة	di			
tarrie A. B	aze	Agent	11						

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

Printed Name

Date

5/18/93

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

694-6107

- 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.