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 Bettom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						-	1	API No.			
Benson-Montin-Greer Dr	illing	Corp.					300	04507102	00S1		
Address		-			. 07/01						
221 Petroleum Center I Reason(s) for Filing (Check proper bax)	Sullain	g, Far	ming	ton, NM		et (Please expl	-(-)			<u></u>	
New Well		Change in	Тини	oster of:	Ou	es (Lienze erbs	acc)				
Recompletion	Oil		Dry G								
Change in Operator	Casinghee	d Gas 🔲	Conde	_							
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LEA	ASE									
Lesse Name	Well No. Pool Name, Include						nd of Lease No.				
Fullerton		2		Basin	Dakota		State,	Federal or Fee	SF077	978	
Location				_			_	-			
Unit Letter P	<u>-</u> :790		Foot Fr	rom The	outh Lin	79	<u>() </u>	et From The _	East	Line	
Section 28 Townshi	, 128N		Range	12000	N	MPM.	Ç,	an Juan		Country	
Section 20 Towns	\$2.0N		KANDS	1.	, , ,	MITNI,	٥,	ili Juali	_	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	L AN	D NATU							
Name of Authorized Transporter of Oil or Condensate (Give address to which approved copy of this form is to be sent)											
Benson-Montin-Greer Dr		corp.									
Name of Authorized Transporter of Casing	ghead Gas		or Dry	Gas	Address (Gin	e address to wi	tick approved	copy of this for	m is to be se	mt)	
If well produces oil or liquids,	Unit	Sec.	Two. Rge.		Is gas actually connected?			When ?			
give location of tanks.	P	28	28N	13W	Wise			f			
If this production is commingled with that	from any oth	er lease or	pool, giv	ve comming!	ing order num	ber:	<u> </u>				
IV. COMPLETION DATA		.,-			· · · · · · · · · · · · · · · · · · ·						
Designate Type of Completion	- (X)	Oil Well		Gas Weii	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	pi. Ready to	Prod.	•	Total Depth	<u> </u>	L	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				ı	Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe					
								'			
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE	SING & TU	ING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								ļ	· · · · · ·		
					-	 					
 :											
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		·			*			
OIL WELL (Test must be after n			of load	oil and must			<u>-</u>		r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	SI.			Producing Me	ethod (Flow, pu	mp, gas lift, e	(C.)			
Length of Test	Tubing Pre				Casing Press	ıre		Bak Riz	1 4 1		
	1 4001116 1 10										
Actual Prod. During Test	Oil - Bbls.	Pil - Bbis.				Water - Bbis.			Gas-MCF 1990		
							 	MATZZ	1930		
GAS WELL							C	MI CO	N DI	J	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conden	Bbls. Condensate/MMCF			Gravity of Condensate		
	 	.	, ,		2 . 3			(UR)			
Testing Method (pitot, back pr.)	lubing Pre	saure (Shut-	·i n)		Casing Press	ne (2mm-in)		Choke Size			
VI ODER ATOR CERTIFIC	ATTE OF	COL	T T A B	TCT:			·	<u> </u>		!	
VI. OPERATOR CERTIFIC				NCE	(DIL CON	SERVA	ATION E	IVISIC	N	
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 blowledge and belief.					Date	Date Approved MAY 2 2 1990					
111.111	1								Λ		
Garage & Suno							3	<u>~) (</u>	them!		
Signification Virgil L. Stoabs Vice-President					SUPERVISOR DISTRICT #3						
Printed Name	רסר	225 0	Title		Title		عربه	WAISON F	JIS I RIC	· • 3	
May 21, 1990 Date	505	-325-8	8/4 phone N	lo.							
		166			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.

