Appropriate District Office DISTRICTT PO Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Furm C-16 Revised 1-See Instru at Buttom

OIL CONSERVATION DIVISION

P.O. Box 2088

PICT II France DD, Anesia, NM 88210	Sar	P.O. Box l ita Fe, New Mexic	co 87504-2088		
RICT III Rio Braus Rd., Aziec, NM 87410	DEOUEST EC	OR ALLOWABLE	E AND AUTHORIZAT	ION	
KIO DIVINI	TOTRA	NSPORT OIL A	ND NATURAL GAS	Well API No.	
ANG PRODUCTION COMPANY				300452636400	
MUCO PRODUCTION COMPAN					
O BOX 800, DENVER, C	OLORADO 8020	1	Other (l'lease explain)		
son(s) for I ding (Check proper box) Well	· · · · ·	Transporter of:			
ompletion nge in Operator	Oil Casinghead Gas	Condensale X			
ange of operator give name					
DESCRIPTION OF WELL A	ND LEASE			Kind of Lease	Le
RIGG FEDERAL GAS COM I		Pool Name, Including BASIN DAKOT	A (PRORATED-GAS)	State, Federal or Fee	
cation I	2105	Feet From The	FSL Line and 875	Feet From The	FEL Line
Unit Letter	.: 29N	 9₩	. NMPM,	SAN JUAN	and y
Section 15 Township		Range			
DESIGNATION OF TRAN	SPORTER OF	DIL AND NATUR	AL GAS Address (Give outstress to which	approved copy of this for	m is to be at
TERIDIAN OIL INC.	or Cond	ر ف	3535 EAST 30TH S Address (Give address to which	TREET, FARMING	ION, CC 1401
age of Authorized Transporter of Casing	thead Gas	or Dry Gas 🕌	P.O. BOX 1492,	EL PASO, TX 7	9978
well produces oil or liquids,	Unit Soc.	Twp. Rge.	is gas actually connected?	When ?	
	<u> </u>	as and give commingli	ng order number:		
this production is commingled with that V. COMPLETION DATA	from any other lease	or poor, give continue		Deepen Plug Back	Same Res'v
	(X)	eli Gas Well	New Well Workover	Deepen Plug Back	
Designate Type of Completion	Date Compl. Read	y to Prod.	Total Depth	P.B.T.D.	
Jaie Spuddod			Top Oil/Gas Pay	Tubing Dept	h
levations (DF, RKB, RF, GR, etc.) Name of		g Formation		Depth Castle	u Sima
erforations	_1			Depar Calif	
	THRIN	G. CASING AND	CEMENTING RECORD	D	SACKS CE
HOLEGIE	10011	TUDING SIZE	DEPTH SET		SACKS CE
	CASING	10BING SIZE	+	į.	
HOLE SIZE	CASING 8	3 TOBING 3/22			
HULE SIZE	CASING 8	S TOBING SIZE			
	CASING &				
	CASING &		st be equal to or exceed top alli	owable for this depth or be	for full 24
V. TEST DATA AND REQUI	CASING &		at be equal to or exceed top alle Producing Method (Flow, po	owable for this depth or be ump, gas lyl, etc.)	for full 24 l
V. TEST DATA AND REQUI OIL WELL. (Test must be after Date First New Oil Rub To Taak	EST FOR ALLO		Producing Method (Flow, pu	owable for this depth or be unp, gas lyt, etc.)	for full 24
V. TEST DATA AND REQUI	EST FOR ALLO		Casing Pressure	omable for this depth or be unp, gas lyl, etc.)	for full 24 l
V. TEST DATA AND REQUI OIL WELL. (Test must be after Date First New Oil Rub To Taak	EST FOR ALLO			owable for this depth or be unp, gas lyl, etc.)	for full 24
V. TEST DATA AND REQUIOIL WELL. (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	CASING ALLC Frecovery of total was Date of Test Tubing Pressure		Casing Pressure	E I V E D	
V. TEST DATA AND REQUIDED TO THE PROPERTY OF T	CASING ALLO PEST FOR ALLO Precovery of total way Date of Test Tubing Pressure Oil - Bbis.		Casing Pressure	omable for this depth or be ump, gus lyt, etc.) L1 1 1990 CON. PHV19	
V. TEST DATA AND REQUIOIL WELL. (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	CASING ALLO FIST FOR FOR FOR FIST FOR	WABLE lume of load oil and mu	Casing Pressure Water - Bbis D JU Bbis Condensate/MMCF	EIVE D	Contensal
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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 t
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 730 sections of this sextit must be fined out for anowable 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 each Separate Form C-104 must be filed for each pool in multiply completed wells.