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 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

·	TO TRA	ANSPORT OIL	AND NAT	URAL GA	<u>S</u>	NIXI.			
perator		Well API No.							
REDWOLF PRODUCTION, INC.				30-045-25719					
ddress 770 700 700	70 <i></i>		n. 8749	iq.					
P.O. BOX 538 (cason(s) for Filing (Check proper box)	32 PARMA	INGTON, NI	Other	(Please explai	n)				
lew Well	Change i	n Transporter of:						,	
lecompletion	Oil Dry Gas							Ì	
Thange in Operator									
change of operator give name									
nd address of previous operator				·					
I. DESCRIPTION OF WELL	AND LEASE	.,						>1	
ease Name	C			nd of Lease Lease No. Alc, Federal or Fee E-7/22					
ARCO STATE	/02	GALLUP State, P			2-1122				
Ocation Unit Letter	:820	Feet From The AC	RTH_Line	and _65	6 F∞	t From The _	WEST	Line	
Section 36 Townshi	P 29 N	Range //W/	, NI	ирм,	SAN JU	IAN		County	
II. DESIGNATION OF TRAN	SPORTER OF (OIL AND NATUI	RAL GAS						
Name of Authorized Transporter of Oil	or Cond		Address (Giv	e address to wh					
GIANT	KE21		P.O. BOX	256	FARMIN	IGTON , A	<u>ı.m. 874</u>	99	
Name of Authorized Transporter of Casin	ghead Gas	or Dry Gas		e address to wh					
EL PASO NATURAL GAS				4990 F			n <u>8749</u>	7	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected? When?						
give location of tanks.	D 36	129N 11W	YE	·					
If this production is commingled with that	from any other lease	or pool, give commingl	ing order num	ber:					
IV. COMPLETION DATA				· · · · · · · · · · · · · · · · · · ·	1 2	l ni ni i	Icana Barka	him padu	
Decients Tune of Completion	loii w	eli Gas Well	New Well	Workover	Deepen	I Hing Back	Same Res'v	Diff Res'v	
Designate Type of Completion		u a Prod	Total Depth	<u> </u>	1	P.B.T.D.	l	_1	
Date Spudded	oudded Date Compl. Ready to Prod.		I some scaleme			F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Electrons (Dr., KAB, KI, OK, Ele.)									
Perforations			<u></u>			Depth Casi	ng Shoe	•	
<i>b</i>	TURIN	G, CASING AND	CEMENT	ING RECO	RD.				
HOLE SIZE	CASING &	DEPTH SET			SACKS CEMENT				
HOLE SIZE									
	**	- Capacian C	.3						
								· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUI	EST FOR ALLO	WABLE			-			a chief you'r f	
OIL WELL (Test must be after	recovery of total volu	une of load oil and mus	st be equal to c	or exceed top a	llowable for 11	is depth or be	for full-24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)					· ·		
Length of Test	Tubing Pressure		Casing Pressure			Choles Sie	ئے النال "	<u>1992</u>	
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Car-WOIL CON. DIA			
CACAVELI			.1				/ Pie	1 49471	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls, Cond	ensate/MMCF		Gravity of	Condensate		
remai riou rest - morro	Longar Or 1001					And the state of t			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			· Choke Siz	٥ ,			
Training medica (paid, and proj		•		•					
VIX ODED A FOR OFFICE		ADL TANCE							
VI. OPERATOR CERTIFI			1	OIL CO	NSER\	/ATION	DIVISI	ON	
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.				Date ApprovedJUN - 4 1992					
Bar Do Dalla - + A-D				1 1					
Signature Delventla				By Bir. Chang					
BRUCE E. DELUENTHAL PRESIDENT				SUPERVISOR DISTRICT #3					
Printed Name Title				le					
6/2/9Z	(509	5) 326-4/25	-						
Date		Telephone No.	- 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.
- A) Source Form C 104 must be filed for each root in multiply completed wells.