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S.O.S.	
AND OFFICE	
TRANSPORTER	OIL GAS
PERATOR	
ORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

EXACO INC.	
ress	
P.O. Box EE, Cortez, CO. 81321	
son(s) for filing (Check proper box)	
Well	Change in Transporter of:
ompletion	Oil
ange in Ownership	Casinghead Gas
	Dry Gas
	Condensate

Other (Please explain)
Previous transporter was Permian,
now it is Gary Energy Corp.

ange of ownership give name
address of previous owner

SCRIPTION OF WELL AND LEASE

se Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico Com L	1	Basin Dakota	State, Federal or Fee State	B10735
ation				
Init Letter	I	2500' Feet From The	S	Line and 1190' Feet From The
Line of Section	36	Township	30N	Range 13W, NMPM, San Juan County

IGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

ce of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Gary Energy Corp.		115 Inverness Dr., Englewood, CO. 80112				
ce of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
Southern Union Gathering Co.		P. O. Box 1899, Bloomfield, NM 87413				
ell produces oil or liquids, y location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	36	30N	13W	Yes	2/10/65

is production is commingled with that from any other lease or pool, give commingling order number:

MPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
e Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
orations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

ST DATA AND REQUEST FOR ALLOWABLE WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-
able for this depth or be for full 24 hours)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow pump, etc.)	
gth of Test	Tubing Pressure	Casing Pressure	Choke Size
ual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

S WELL

ual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ting Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

RTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation
mission have been complied with and that the information given
e is true and complete to the best of my knowledge and belief.

SIGNED A. R. MARX

(Signature)

AREA SUPERINTENDENT

(Title)

OIL CONSERVATION COMMISSION

APPROVED

OCT 20 1986

BY

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-
able on new and recompleted wells.

and VI for changes of owner,
change of condition