Submit 5 Copics
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

OIL CONSERVATION DIVISION

P.O. Box 2088

No. Diawa DD, Aliema, NWI 60210	Santa	a Fe, New M	exico 875	04-2088	-				
OSTRICT III OOO Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR	·	:		ZATION				
Operator	TO TRANSPORT OIL AND NATURAL GAS					ell API No.			
GREAT WESTERN DRI	LLING CO.		30-045-28104						
Address 2550 To Plate W	in Farminatan	NIM 07/01							
2550 La Plata H Reason(s) for Filing (Check proper box)	wy, farmington,	NM 8/4UI		es (Piease expla	in)	<u></u>			
New Well	Change in Tra	nasporter of:							
Recompletion		ry Gas 📙							
Change is Operator change of operator give name	Casinghead Gas Co	ondensate							
nd address of previous operator	· · · · · · · · · · · · · · · · · · ·								
I. DESCRIPTION OF WELL	AND LEASE								
ease Name		ol Name, Includi	_			of Lease Federal or Fee		ease No.	
NEIL GAS COM "A"		Basin Fru	itland (Coal	State,	redetal or ree	SF-0	78040	
Ocation Unit Letter	: 1290 Fe	et From The	North Lin	e and	Fe	et From The	East	Line	
Section 14 Townshi	p 31N Ra	inge 11W	. N	MPM, Sai	n Juan			County	
								·	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL							-1	
inne or Ananonized Transporter of Off	or Condendate	'	Address (U)	e aaaress to whi	ich approvea	copy of this for	n 13 10 De se	ini)	
lame of Authorized Transporter of Casing	ghead Gas or	Dry Gas	Address (Giv	e address to whi	ich approved	copy of this form	n is to be se	ent)	
El Paso Natural Gas	- —	Box 4289 Farmington, NM 87499					,		
well produces oil or liquids, ve location of tanks.	Unit Sec. Tw	• :	is gas actuali	_	When				
this production is commingled with that		1N 11W		lo	I WO	El Paso			
V. COMPLETION DATA	none any other tease or poor	i, give commung:	ing order main	, <u> </u>		·			
D	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ıme Res'v	Diff Res'v	
Designate Type of Completion		X	X	<u> </u>		L		<u> </u>	
ate Spudded 10-8-90	Date Compl. Ready to Prod. 4-4-91		Total Depth 2785		P.B.T.D.	0715			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Forma	Top Oil/Gas Pay			2715 Tubing Depth				
5903' GR	Furitland Coal	2283-2584			25841				
erforations	5/0 /5 0556 70	0.550				Depth Casing S	ihoe		
2337-39, 2535-40, 2						None			
HOLE SIZE	TUBING, CA		CEMENIII	DEPTH SET	<i>)</i>	SA	CKS CEME	EAIT	
121"	8-5/8"		261			337 cu.		·	
	4311		2785	j	**********			cu. ft Ho	
· · · · · · · · · · · · · · · · · · ·	 					+ 377 cu.	ft.c	lass "B"	
. TEST DATA AND REQUES	2-3/8 T FOD ALLOWARI	F	2.5	84		I /177_cu.	<u>ft.C</u>	lass "G"	
-	ecovery of total volume of lo		be equal to or	exceed top allow	vable for this	depth or be for	full 24 hour	rs.)	
ate First New Oil Run To Tank	Date of Test	FIV		thod (Flow, pur			2 (: 1		
and of Tax		7 to 1 U				181			
ength of Test	Tubing Present	P.O 9 1991	Casi	re		Choke Size	32 8019	91	
ctual Prod. During Test	Oil - Bbls.		Wajes - Bbis.			10 10-			
-	OIL C	CON. D	IV.;				ON.		
SAS WELL		DIST. 3				\ t	गठा. उ		
ciual Prod. Test - MCF/D	Length of Test		Bbls. Condens	rate/MMCF		Gravity of Con	densate		
1390	24 hr.		0			0	-		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressu	re (Shut-in)		Choke Size			
Flowing I OPERATOR CERTIFIC	155		395			3/4"			
I. OPERATOR CERTIFICATION IN THE SECOND IN T			(IL CON	SERV	ים אטודג	NISIO	M	
Division have been complied with and to		OIL CONSERVATION DIVISION							
is true and complete to the best of my k	Date ApprovedSEP 0 9 1991								
tout m	# /			- 'PIOTOU	·	<u> </u>	M		
Signature U	WKIWA)		By		3	.) Ch	_/		
		1	,						

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

Roberta Matthews

Printed Name 8-9-91

Date

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 #8

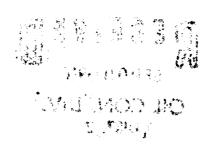
2) All sections of this form must be filled out for allowable on new and recompleted wells.

327-0494

Clerk

Telephone No.

- 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.



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