Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of thew intexaction 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

DISTRICT III

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO					,			
I. Operator	_ 1 · · ·					II API No.			
Address c/o Walsh Engr. &	7576)	30-	045-1143	9				
	armington, New	w Mexico 8	7401						
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in T	Transporter of: Dry Gas	Current		s: 21st	Century Tulsa, (ment Co.	
If change of operator give name and address of previous operator Gran	d Resources,	Inc. 2250	East 73r	d St., S	uite 40	0. Tulsa	OK 74	4136	
II. DESCRIPTION OF WELL		27410.		430;	10271	150			
			Mesa 451080 State. 1			(Lease Lease No. Federal or Fee 14-20-603-584) Indian			
Location Unit Letter	:1650	Feel From The	outh Line	and171	0		East	Line	
Section 14 Township	, 32N 1	Range 18W	, NN	чрм,	San Jua	n		County	
III. DESIGNATION OF TRAN	SPORTER OF OH	L AND NATU	RAL GAS						
Name of Authorized Transporter of Oil XX or Condensate			Address (Give address to which approved copy of this form is to be sent)						
Giant Refining Company Name of Authorized Transporter of Casinghead Gas or Dry Gas			P.O. Box 256 Farmington, N.M. 87499 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas 517 Gas 517 Gas 517									
If well produces oil or liquids, give location of tanks. SE/4	SE/4 14	Twp. Rgc. 32N 18W	<u> </u>		When	?			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or po	ool, give comming!	ing order numb	er:					
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Dill Resiv	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
	TUBING, CASING AND								
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ST FOR ALLOWA recovery of lotal volume of		i be equal to or	exceed top allo	owable for thi	s depth or be fo	r full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump,			EGEIVED			
Length of Tex	of Test Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			NOV 2.2 1993			
GAS WELL				, , , , , ,	Contra	- 0014 - 2010	.e		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regulations have been complied with and	lations of the Oil Conser	vation		OIL CON	NSERV	ATION [DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. FOR: 21ST CENTURY INVESTMENT COMPANY			Date Approved NOV 2 2 1993						
faul C. Thompson			By_	By 3.1) d.					
Signature Paul C. Thompson Agent Printed Name Title 12/16/03 505 327-4892			Title SUPERVISOR DISTRICT #8						
11/16/93 Date		phone No.							

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.