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 TRANSPORT	OIL AND NATURAL GAS		
Operator		We	ii APi No.	
Address	opment, Inc			
P.O. Box 21		813 21		
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Outer (1 tease explain)	1	
Recompletion	Oil Dry Gas			
Change in Operator	Casinghead Gas Condensate			
and address of previous operator				
II. DESCRIPTION OF WELI	L AND LEASE Well No. Pool Name, In	octuding Formation Ki	nd of Lease NAVATO Lease No.	
Lease Name NAVATO AA	3 North	Many Rocks Gallup Su	ale, Federal or Fee 14-20-603-585	
Location		i	Post I	
Unit Letter	: 2140 Feet From The			
Section 18 Towns	ship $32N$ Range /	7W, NMPM, San =	Jugy County	
III. DESIGNATION OF TRA	NSPORTER OF OIL AND NA	ATURAL GAS Address (Give address to which appro	and some of this form is to be sent)	
Name of Authorized Transporter of Oil	ا ا م	PAddress (Give address to which appro	ing on NM 87499	
Giant Retining Name of Authorized Transporter of Cas		Address (Give address to which appro	oved copy of this form is to be sent)	
		Rge. Is gas actually connected?	Then ?	
If well produces oil or liquids, give location of tanks.	Unit	Rge. Is gas actually connected? W		
	nat from any other lease or pool, give com	mingling order number:		
IV. COMPLETION DATA	Oil Well Gas W	ell New Well Workover Deepe	en Plug Back Same Res'v Diff Res'v	
Designate Type of Completion	on - (X)			
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	
Permandia				
		AND CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQU	JEST FOR ALLOWABLE			
OIL WELL (Test must be after	er recovery of total volume of load oil and	d must be equal to or exceed top allowable for Producing Method (Flow, pump, gas	r this depth or be for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	Producing Medica (1-10W, purity, gas	igi, sicy	
Length of Test	Tubing Pressure	Casing Pressure	U E. C. EI A F	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF	
Treatment of Paring			NOV271990	
GAS WELL		20 LCF	Ollavi Consonsale	
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	DIST. 2	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
W ODER A MOR CEROME	TICATE OF COMPLIANCE			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSER	OIL CONSERVATION DIVISION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			NOV 2 & 1990	
is true and complete to the best of t	/ /	Date Approved		
Notuck hoosing		— By る	By Bin Sin	
Signature Patrick Woosley Operator			SUPERVISOR DISTRICT #3	
Printed Name	Title 202 (7)	Title		
11-21-90 Date	703-363-47 Telephone 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.