

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Greenwood Holdings Inc.</u>		Well API No.
Address <u>5600 S. Quebec St., Suite 150-C Englewood, CO 80111</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <u>Roberts & Hammack Inc.</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gulf Sohio State</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>North Bagley Permo Penn</u>	Kind of Lease <u>XXX/XXX</u> State, Federal or Use	Lease No. <u>E-8969</u>
Location Unit Letter <u>H</u> : <u>1980'</u> Feet From The <u>N</u> Line and <u>660'</u> Feet From The <u>E</u> Line Section <u>8</u> Township <u>11S</u> Range <u>33E</u> , NMPM. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Chevron U.S.A. Amoco Prod. Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4538 Houston, TX 77210</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1588 Tulsa, OK 74142</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>8</u>	Twp. <u>11S</u>	Rge. <u>33E</u>	Is gas actually connected? <u>No</u>	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v
Date Spudded <u>5-11-65</u>	Date Compl. Ready to Prod. <u>7-16-65</u>		Total Depth <u>10355'</u>		P.B.T.D. <u>10355'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4306' GR</u>	Name of Producing Formation <u>Bough C</u>		Top Oil/Gas Pay <u>9170'</u>		Tubing Depth <u>9100'</u>			
Perforations <u>9170-80'</u>						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13"</u>	<u>10 3/4"</u>		<u>325'</u>		<u>325</u>			
<u>10"</u>	<u>8 5/8"</u>		<u>4000'</u>		<u>300</u>			
<u>7'</u>	<u>5 1/2"</u>		<u>10350'</u>		<u>600</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed sop allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature James P. Ryder
James P. Ryder Operations Manager
Printed Name
October 8, 1990 (303) 773-6703
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 15 1990
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

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.