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

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

Energy, Minerals and Natural Resources "hartment

PECFIVED

Form C-104 Revised 1-1-89 See Instructions at Bo

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 23 '91

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	U/I

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

<u>I.</u>	T	O TRAN	ISP	ORT OIL	AND NA	TURAL G	AS [^]	HIERMA WITT		יקש
Operator						Weil API No.				
Central Resources, In	c.						300	15037580	0S1	
Address										
1776 Lincoln Street,	Suite]	L010, D	env	er, Col	lorado	80203				
Reason(s) for Filing (Check proper box)					∐ Ou	es (Please expl	aun)			
New Well		Change in T	•							
Recompletion	Oil		Dry Ca	_						
Change in Operator X If change of operator give name	Casinghead	Gas C	Conder	15216						
and address of previous operator Dek	alb Ene	ergy Co	mpa	ny, 162	25 Broad	way, Den	ver, Co	lorado	80203	
•										
II. DESCRIPTION OF WELL A			N1 N	III						
	į	1			ng Formation	-		of Lease Federal o KFe8		ease No.
Leonard B Federal		1	Gra	yburg c	ackson-	Grayburg	SA	T COCIAL OF-FOO	LC 0	7459
_										
Unit Letter B	. : <u>_3</u>	<u>30 </u>	ed Fr	om The	N Lio	e and16	650 F	eet From The _	E	Line
Section 33 Township	17S			29E				maa		
Seedou 55 Township	1/5		Range	236		МРМ,		Eddy		County
III. DESIGNATION OF TRANS	SPORTE	OF OU	AN	D NATTI	DAL CAS					
Name of Authorized Transporter of Oil		or Condens				ne address to wi	hich approved	t copy of this fo	em is to be s	en()
Texas New Mexico Pipe		mnanv		لسا	l .	ox 42130				,
Name of Authorized Transporter of Casing			or Dry	Gas 🗍	Address (Giv	e address to wi	hich approved	come of this fo	rm is to be s	ent)
N/A			Ť		, -					,
If well produces oil or liquids,	Unit	Sec.	wp.	Rge.	ls gas actuali	y connected?	When	7	· · · · · · · · · · · · · · · · · · ·	
give location of tanks.	В	33	17S	29E	NO	•	i			
If this production is commingled with that f	rom any othe	r lease or po	ol, giv	e commingl	ing order num	ber: N/I	A	· · · · · · · ·		
IV. COMPLETION DATA					_			<u> </u>		
B :		Oil Well	7	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	· (X)	<u> </u>	İ		İ	i	į i	i i		Ī
Date Spudded	Date Compl	. Ready to F	TOOL		Total Depth		<u> </u>	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	nation		Top Oil/Gas	Pay		Tubing Dept	h	
Perforations	L					·				_
renorations								Depth Casing	Shoe	
					CEMENTI	NG RECOR	<u>D</u>	 		
HOLE SIZE	CASING & TUBING SIZE			SIZE	DEPTH SET			SACKS CEMENT		
					<u> </u>	··· — · · ·		PA	I IO	<u>-3</u>
								 2	<u> -8-9</u>	<u>/</u>
								c	15 gp	
V. TEST DATA AND REQUES	T FOR A	LLOWA	RLF		1				2/	
OIL WELL (Test must be after re				oil and muss	he equal to or	exceed top all	aumble for th	in doneh an ba f	on 6.11 24 has	
Date First New Oil Run To Tank	Date of Test					ethod (Flow, pr			OF JULY 24 HOL	<i>V3.)</i>
								,		
Length of Test	Tubing Pres	anus			Casing Press	ure		Choke Size		
Actual Prod. During Test	rod. During Test Oil - Bbls.			Water - Bbis.			Gas- MCF			
								İ		
GAS WELL					<u> </u>					
Actual Prod. Test - MCF/D	Length of T	est			Rhis Conde	sale/MMCF		Gravity of C		
					Dois Cond.	1411/101		Clavity of C	Officerent	
Testing Method (pilos, back pr.)	Tubing Pres	erre (Spine	(a)		Casing Press	ure (Shut-in)		Choke Size		
						· · · · · · · · · · · · · · · · · · ·				
VL OPERATOR CERTIFIC	ATE OF	COMPI	TAN	ICE	ار			<u> </u>	· ——	
I hereby certify that the rules and regula				1CE	(OIL COM	ISERV	ATION I	DIVISIO	NC
Division have been complied with and a	hat the inform	nation given	above	:						714
is true and complete to the best of my	nowledge and	d belief.			ll Date		الل. س	AN 3 1 19	991	
1. 1.	11				Date	Approve	<u> </u>	0 1 1		
June I	ul	0	_			VD1	CINAL C	IGNED BY		
Signature		1			∥ By_	_	(E WILL)			
Irene Trujillo, En	gineeri			<u>cian</u>		\$1.12		R, DISTRIC	T IF	
01/10/91	(303	3) 830-	Tide 1631	2	Title				·	
Dute	, , , , , ,		hone N			Sign of the second		جنبوب والإنباء عدامه	Evident apply	

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.