Submit 5 copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240		ew Mexico ural Resources De _r ment	Form C-10-C/SF Revised 1-1-89 See Instructions
<u>DISTRICT I</u> I P.O. Drawer DD, Artesia, NM 88210		TION DIVISION ox 2088	at Bottom of Page
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fc, New M REQUEST FOR ALLOWAE	Aexico 87504-2088 BLE AND AUTHORIZATI	ON
Operator		AND NATURAL GAS	II API No.
Address 5613 DTC PARKWAY SUITE 750, P.O. Box 6525 ENGLEWOOD, CO 80155-6525			3001524822
ENGLEWOOD, CO Reason(s) for Filing (Check proper box)	80155-6525	Other (Please explain)	
New Well Recompletion Change in Operator X	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	_	
f change of operator give name	(ON CORP., P. O. BO)	X 1600 MIDLAND, T	X 79702
II. DESCRIPTION OF W			
Lease Name ROY RENFROE	Well No. Pool Name, Includin	Stat	nd of Lease Lease No. te, Federal or Fee FEE
Location	EAST AVALON E		EE
Unit LetterN	Feet From The	OUTH Line and 1980	Feet From The WEST Line
Section 1 Townshi	p 21S Range 27E	, NMPM,	EDDY County
III. DESIGNATION OF T	RANSPORTER OF OIL AN	ND NATURAL GAS	
Name of Authorized Transporter of Oil Scurlock Permian Cor	or Condensate X	Address (Give address to which approv	red copy of this form is to be sent) uston, TX 77210-4648
Name of Authorized Transporter of Casin	-	Address (Give address to which approv	
GPM Gas Corporation	Unit Sec. Twp. Rgc.	Box 5050, Bartlesv	ille, OK 74005
give location of tanks.	Unit Sec. Twp. Rgc. N 1 21S 27E	Is gas actually connected? Wh Yes	Unknown
	from any other lease or pool, give commingli	ng order number	
IV. COMPLETION DATA Designate Type of Complet	Chil Well Cas Wall	New Well Workover Deepen	Plug Back Same Res'v Diff Res v
Jate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
·			r.b.1.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	<u> детекда,</u>		Depth Casing Shoe
	TUBING, CASING ANI	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Patel (1-3)
· · · · · · · · · · · · · · · · · · ·			Chq. Cp
V. TEST DATA AND REC	UEST FOR ALLOWABLE		
	recovery of total volume of load oil and must h Date of Test	e equal to or exceed top allowable for th Producing Method (Flow, pump, gas	is depth or be for full 24 hours.)
		in the second se	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF
	<u></u>		
GAS WELL	· · · · · · · · · · · · · · · · · · ·		
Actual Prod Test - MCF/D	Length of Test	Bbls. Condensate.MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shui-in)	Choke Size
VI. OPERATOR CERTIF I hereby certify that the rules and regula Division have been complied with and	ICATE OF COMPLIANCE	OIL CONS	SERVATION DIVISION
true and complete to the best of my kno	wledge and belief.	Date Approved	JAN 28 1994
Signature	Mid=Continent & Gulf	D	ant Bict II
NAU AU OF	Coost Onen Man	By	PVISOR, DISTRICT
D.Steven Tipton, P.E.	Coast Oper. Mgr.	TOF	
D.Steven Tipton, P.E. Printed Name		TitleSUPE	JAN 28 1994 RVISOR, DISTRICT II
D.Steven Tipton, P.E.	303/850=1980 ^{Title} Telephone No.	TitleSUPE	,

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.