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 (
Revise
See In:
OCT 4'90 at Bott

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

C. C. D. ARTESIA, GUINES

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Roemer 011 Company Roemer 012 Company Sociol Fing (Chack Poper box) Veswor(1) for Fing (Chack Poper box)	I.		TO TRA	NSP	ORT OIL	AND NAT	URAL GAS	S				
Lessen L	Operator		Well API No.									
Lase No.									30-015-21	000		
Comparison Com		2750,	Denver	, co	80202							
Casegoade Case	Reason(s) for Filing (Check proper box)					Othe	t (Piease explai	n)				
Casephant for Condenses Casephant Clark Condenses Indicate of generating personal Hall wood Petroleum, Inc., P.O. Box 378111, Denver, CO 80237 Lesse No.	New Well	0"	_	-		Eff	Fective 1	0/1/90			ì	
Compared to generate the same Mailwood Petroleum, Inc., P.O. Box 378111, Denver, CO 80237	•		_	•	_	21.		.0,1,50				
DESCRIPTION OF WELL AND LEASE Lase Name Wall Na Pool Name, including Formation Same, Federal Off Lase No.	If change of operator give name Hall					O. Box '	378111. T	enver.	CO 802	37		
Lease No. Well No. Pool Annex, Including Formations State, Federal Care Lease No.	ing sources or bicators obereror					or box .	3,0111, 1	enver,	00 002	<u></u>		
Martin 3 Carlshad S. Cherry Canyon Same, Federal of Creek		Kind	Kind of Lease Lease No.									
Line and Line Lin	Ŧ		l .	L .		Comp.				2		
Section 20 Township 22S Range 27E NATM, Eddy Coseny	Location		·									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Triansporter of Oil 28 or Condensate Address to which approved copy of this form at to be sent) Finnen 0.11 Triading & Transp. Co. Finnen 0.11 Triading & Transp. Notice of Authorized Triansporter of Casaghead Gas or Dry Cas or Dry	Unit Letter K	<u>. 231</u>	: 2310 Feet From The S Line and 2000 Feet From The W Line									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Audionized Transporter of Oil	Samine 20 Tournehir	225		Dance	27F	· N N	vnevr Fα	ldv		•	County	
Name of Authorized Transporter of Oil Pariting & Transp. Co. Finnen fil Trading & Transp. Co. P. D. Box 1188. HOuston. T. 77251-1188 Name of Authorized Transporter of Casinghead Gas	Section 20 Township	<u> </u>	···	Kauge		, , , , , , ,	• • • • • • • • • • • • • • • • • • • •	, u.,				
Figure 1 Fraction & Transport of Cassinghead Class		SPORTE			ND NATUE	RAL GAS			of this fe	- is to be se	mr)	
Nome of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) None If well produces of cliquide,			_	SALE								
None If well produces oil or liquids, If well produces oil or liquids, If this production is comminginged with that from any other lease or pool, give comminging order number. If this production is comminginged with that from any other lease or pool, give comminging order number. If this production is comminging with that from any other lease or pool, give comminging order number. If this production is comminging with that from any other lease or pool, give comminging order number. If this production is comminging with that from any other lease or pool, give comminging order number. If this production is comminging with that from any other lease or pool, give comminging order number. If this production is comminging with that from any other lease or pool, give comminging order number. If this production is comminging with that from any other lease or pool, give comminging order number. If this production is comminging with that from any other lease or pool, give comminging order number. If this production is comminging from the number. If this production is comminging from the number. If this production is comminging from the number. If this product				or Dr	y Gas	Address (Giv	e address to wh	ich approved	copy of this fo	orm is so be se	nt)	
A												
This production is commingled with that from any other lease or pool, give commanging order namber: V. COMPLETION DATA Designate Type of Completion - (X) Dil Well Gas Well New Well Workover Deepen Plug Back Same Reav Diff Resiv Deste Spadded Date Compl. Ready to Prod. Total Depth P.B.T.D. Deste Spadded Date Compl. Ready to Prod. Total Depth P.B.T.D. Tubing Depth Tubing Depth Teriorations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe TUBING SIZE CASING A TUBING SIZE DEPTH SET SACKS CEMENT Fool Total Depth Set Depth Casing Shoe TUBING SIZE DEPTH SET SACKS CEMENT Fool Total Depth Set Depth Casing Shoe TUBING SIZE DEPTH SET SACKS CEMENT Fool Total Depth Set Depth Casing Shoe TUBING SIZE DEPTH SET SACKS CEMENT Fool Total Depth Set Depth Set Depth Set Depth Set Depth Set Depth Set Fool Total Depth Set Depth S	If well produces oil or liquids,	Unit							. ?			
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Holly S. Richardson Sr. Ops. Eng. Tech. Printed Name Title Title Title 10/1/90 (303) 850-6322 MIKE WILLIAMS SUPERVISOR, DISTRICT II		_				Da	te Approv	red		0 1000		
Holly S. Richardson Sr. Ops. Eng. Tech. Printed Name Title Title Title 10/1/90 (303) 850-6322 MIKE WILLIAMS SUPERVISOR, DISTRICT II	Kelle S. K.	icha	rds		<u>ر</u>	_		OBIOIR	IAL CICAIT	ח פע		
Printed Name Title SUPERVISOR, DISTRICT II 10/1/90 (303) 850-6322	Signature											
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Date Telephone No.		(3		0-63	322					- Same)	
	Date		Te	elephor	se 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) Superate Form C-1(4) must be filled for each pool in resitually completed willis.