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

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

State of New Mexico Energy, Minerals and Natural Resources Department

RECLIVED

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAY - 6 1991

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NR	A 27410	الله	ia re, new iv	lexico 6/3	04-2000		O. C.	D.		
•	REQ		RALLOWA				ARTESIA, C)FFICE		
I.		<u>TO TRAN</u>	ISPORT O	L AND NA	TURAL G					
Operator Central Reso	Resources, Inc.						-015-2560400S1			
Address 1776 Lincoln	St., Suite	1010	Denver, C	0 8020	3					
Reason(s) for Filing (Check pro					her (Please expl	ain)				
New Well	,	Change in T	ransporter of:	لــا	(A • 1 1	1001		
Recompletion	Oil		bry Gas				April 1	., 1991		
Change in Operator	Casinghe		Condensate		Eff.	ective i	XXXXXXXXX	XXXXXXXXX		
change of operator give name					·		· · · · · · · · · · · · · · · · · · ·			
nd address of previous operator	_		oration o	f Delawa			Creek B 75219-5		ite 400	
L DESCRIPTION OF	WELL AND LE	T					·			
Lease Name	1 1	1 3	ool Name, Includ	_			of Lease		.ease No.	
Brushy 12 Fe	derai	4	Brushy D	raw Dela	ware	State	, Federal or Fe	NMLC-	-071066	
		. ~								
Unit Letter	::	<u>10</u> p	ect From The	South Lin	e and <u>330</u>	<u>). </u>	eet From The	West	Line	
Section 12	Township 26	S R	205	•		77.3	3			
Section 12	Township 26	<u>) 5 </u>	ange 29E	, N	MPM,	Edo	цу		County	
I. DESIGNATION OF	TDANCDODTE	7D OF O	AND MATE	DAT CAC						
ame of Authorized Transporter	~ Ci	or Condensat			10. galabases 40. ml	Wak amazan	4			
Navajo Refin	1 X XI	OI CONOCUSE			we address to wh Drawer 15				ent)	
ame of Authorized Transporter			· Day Goo C				esia, NM			
Conoco, Inc.	_		Energy Co	Andress (Cit	e address to wh				unt)	
well produces oil or liquids,	Unit	San Fiffer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D. U.	BOX 219/		ston, Tx	77252		
ve location of tanks.	i L	12	Vivel I-149 265 29E	ye yas actual		When	17	1-23-	0.6	
this production is commingled							 	1-23-	-00	
. COMPLETION DA'	га ГА	100 100 OI JOX	w. Rive community	ing other min						
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Com	pletion - (X)	1	4.	İ	İ	i			1	
ate Spudded	Date Comp	pl. Ready to Pr	od.	Total Depth			P.B.T.D.	<u> </u>		
evations (DF, RKB, RT, GR, et	c.) Name of Pr	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
riorations							Depth Casin	g Shoe		
	<u>T</u>	TUBING, CASING AND			CEMENTING RECORD					
HOLE SIZE	CAS	SING & TUBII	NG SIZE		DEPTH SET		SACKS CEMENT			
TEST DATA AND RI							****			
L WELL (Test must !	be after recovery of tol	tal volume of l	oad oil and must					or full 24 hour	3.)	
ate First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
-4 · 6 · 6 · 6							· · · · · · · · · · · · · · · · · · ·	005f	ED J	
ength of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size 5 - 10 - 91		
tual Prod. During Test	Oil - Bbis.			Water - Bbis.		•	Gas- MCF	4	OP	
AS WELL										
ctual Prod. Test - MCF/D Length of Test				Bbls. Conden	ate/MMCF	 ·· 	Gravity of Condensate			
ting Method (pitot, back pr.)	Tubing Pres	saure (Shut-in)		Casing Pressu	re (Shut-in)		Choke Size			
	-	·	İ	-	. •					
OPERATOR CERT	TEICATE OF	COMPTT	ANCE				L			
I hereby certify that the rules a					IL CON	SERVA	TION F	DISIVIC	N	
Division have been complied w	vith and that the inform	mation given al	ove					_	1 4	
is true and complete to the best	of my knowledge and	d belief.		D -4-1	A	MAY	8 19	91	÷	
	S 1			Date	Approved		. 0			
<u>Vaull</u>	Zeuli	~]	_						
Signature:		00135		By		AL SIGNI				
THUL J. 8		KESIDE				ILLIAMS		_		
Printed Name 41561	3)830 Till	e	Title SUPERVISOR, DIS							
411711	(~)~	フノヘつ()ー	[15/07/	1						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.