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

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-104  
 Revised 1-1-89  
 Instructions  
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**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

CONSERVATION DIVISION RECEIVED  
 90 OCT 19 AM 9 04

DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210  
 DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>Great Lakes Chemical Corp.</b>	Well API No. <b>30045 22677</b>
Address <b>P.O. Box 2200, W. Lafayette, IN 47906</b>	
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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Hammond #51</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>Blanco Mesaverde</b>	Kind of Lease <del>State</del> , Federal <del>or</del> <del>Fee</del>	Lease No. <b>NM-03603-A</b>
Location Unit Letter <b>F</b> : <b>1840</b> Feet From The <b>North</b> Line and <b>1750</b> Feet From The <b>West</b> Line <b>35</b> Section <b>27N</b> Township <b>8W</b> Range <b>NMPM</b> , <b>San Juan</b> 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"/> <b>Giant Refining Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 256, Farmington, NM 87499</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>EPNG Co</b>	Address (Give address to which approved copy of this form is to be sent) <b>Farmington, NM</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>35</b>	Twp. <b>27N</b>	Rge. <b>8W</b>
Is gas actually connected?		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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

**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 top 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

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**OCT 12 1990**

**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

**OIL CON. DIV.**  
**DIST. 3**

**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.

*Thomas J. Smith*  
 Signature  
**Thomas J. Smith** Agent  
 Printed Name  
 Date **October 11, 1990** Telephone No. **505/327-3291**

**OIL CONSERVATION DIVISION**  
 Date Approved **OCT 12 1990**  
 By *[Signature]*  
**SUPERVISOR DISTRICT 13**  
 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.