JUL 30 '93 14:38 OCD AZTEC NM
Submit 5 Copies
Appropriate District Office

DISTRICT 1
P.O. D. 2 1980, Habbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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DISTRICESI F.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Company Albuquerque, Change in Chi Casinghead Gas ley Oil Comp. AND LEASE Well No. 1 350 19N	New Mexico Transporter of: Dry Cas Condensate Transporter of: Dry Cas Condensate Tool Names Pool Name, including Star Mesa Feel From The Range 6W	P. Woosley) ng Formation Verde South Line and	ase explain)	Kind of Lease State, Federal or Fee	#1 30-03/-20 Lease No. C-15-2-SFP	
Hospah Coal Address Box 27019, F Reason(s) for Filing (Check proper box) New Wett Recompletion Change in Operator [X] Change of operator give name address of previous operator I. DESCRIPTION OF WELL A Lease Name Santa Fe Location Unit LetterN Section 9 Township	Albuquerque, Change in Chil Casinghead Gax ley Oil Compo ND LEASE Well No. 1 350 19N SPORTER OF O	Transporter of: Dry Cas Condensate any (James I Proof Name, Includi Star Mesa Feet From The Range 6W	P. Woosley) ng Formation Verde South Line and	ase explain)	Santa Fe	Lease No. C-15-2-SFP	
Box 27019, F Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator Change of operator give name and address of previous operator Woosl L. DESCRIPTION OF WELL A Lease Name Santa Fe Location Unit Letter N Section 9 Township	Change in Oil Casinghead Gas ley Oil Comp. AND LEASE Well No. 1 350 19N SPORTER OF O	Transporter of: Dry Cas Condensate any (James I Proof Name, Includi Star Mesa Feet From The Range 6W	P. Woosley) ng Formation Verde South Line and	1670	Kind of Lease State, Federal or Fee	Lease No. C-15-2-SFP	
Reason(s) for Filing (Check proper box) New Wett Recompletion Thongs in Operator Change of operator give name and address of previous operator Woos L. DESCRIPTION OF WELL A Lease Name Santa Fe Location Unit Letter N Section 9 Township	Change in Oil Casinghead Gas ley Oil Comp. AND LEASE Well No. 1 350 19N SPORTER OF O	Transporter of: Dry Cas Condensate any (James I Proof Name, Includi Star Mesa Feet From The Range 6W	P. Woosley) ng Formation Verde South Line and	1670	State, Federal or Fee	C-15-2-SFP	
Recompletion Thange in Operator Change of operator give name and address of previous operator WOOS L. DESCRIPTION OF WELL A Lease Name Santa Fe Location Unit Letter N Section Township	Casinghead Gas ley Oil Composition ND LEASE Well No. 350 19N SPORTER OF O	Proof Names Included Star Mesa Feel From The	ng Formation Verde South	1670	State, Federal or Fee	C-15-2-SFP	
Change in Operator	Casinghead Gam ley Oil Composition ND LEASE Well No. 1 350 19N SPORTER OF O	Condensate Tany (James I	ng Formation Verde South	1670	State, Federal or Fee	C-15-2-SFP	
change of operator give name Moos! I. DESCRIPTION OF WELL A Lease Name Santa Fe Location Unit LetterN Section 9 Township	ley Oil Comp. ND LEASE Well No. 1 350 19N SPORTER OF O	Puol Name, Includi Star Mesa Feel From The	ng Formation Verde South	1670	State, Federal or Fee	C-15-2-SFP	
I. DESCRIPTION OF WELL A Lease Name Santa Fe Location Unit Letter N Section 9 Township	Well No. 350 19N SPORTER OF O	Pool Name, Includi Star Mesa S Feel From The	ng Formation Verde South	1670	State, Federal or Fee	C-15-2-SFP	
Santa Fe Localion Unit Letter N Section 9 Township	350 19N SPORTER OF O	Star Mesa Star Mesa Star Mesa Star Mesa Star Mesa Star Star Star Star Star Star Star Sta	Verde South	1670	State, Federal or Fee	C-15-2-SFP	
Santa Fe Localice Unit Letter N Section 9 Township	1 : 350 19N SPORTER OF O	Star Mesa Star Mesa Star Mesa Star Mesa Star Mesa Star Star Star Star Star Star Star Sta	Verde South	1670	State, Federal or Fee	C-15-2-SFP	
Unit Letter N Section 9 Township	350 19N SPORTER OF O	Feel From The	South Line and	1670	W	est	
Unit Letter N Section 9 Township	19N SPORTER OF O	Range 6W			Feet From 'The		
Total	SPORTER OF O	Village	, NMPM,	McKinley			
II. DESIGNATION OF TRANS		II. ARIIS RIATIII				County	
	C X) or Condet		RAL-GAS		— · · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , 	
Name of Authorized Transporter of ON Giant Refining Co.	1_ 14	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499			is to be sen!) .99		
Name of Authorized Transporter of Casingh				Address (Give address to which approved copy of this form is to be sent)			
f well produces oil or liquids,	Unit Sec.	Twp. Rge.	is gas actually conne	octed?	When 7		
ive location of tanks.	N 9	19N 6W					
this production is commingled with that In V. COMPLETION DATA	rom any other lease or	pool, give commingl	ing order number:				
Designate Type of Completion -	(X) Oil Well	Gas Well	New Well Work	tover Deep	en Plug Back San	ne Ras'v Dill Res'v	
Date Spudded	Date Compi. Ready to	Prod.	Total Depth		P.B.T.D.	<u> </u>	
icvations (IPF, RKB, RT, GR, etc.)	DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	Tubing Depth	
erferations	. <u>نىق ئۆسس</u> ى . <u>نىق ئۆسس</u> ى			<u> </u>	Depth Casing St	we	
* \			CCLUDINA D	EGODIX			
HOLE SIZE	CASING & TU		CEMENTING R	HSET	SAC	KS CEMENT	
HOLE SIZE	CASING & TO	ABING SIZE		TIOLI			
	·						
V. TEST DATA AND REQUEST	FOR ALLOW	ABLE					
) II. WELL (Test must be after rec	covery of total volume	of load oil and must	be equal to or exceed	i sop allowable fo	or this depth or be for fi	uli 24 kours.)	
Date First New Oil Run To Tauk	Date of Test		Producing Method (i	Flow, puntp. gas	Mi etc.)	REIAE	
Length of Test	Tubing Pressure		Casing Pressure		Chole de	JG1 8 1993	
Actual Frod. Diving Test	Oil · Bbls.		Waier - Bbls.		Cas. MCT		
					OIL	CON. DIV	
GAS WELL						DIST. 3	
Actual Prod. Test - MCI/D	Length of Test		Bbls. Condensate/M	MCF	Gravity of Cond	enmie	
esting Method (pitor, back pr.)	Tubing Pressure (Shu	(ii)	Casing Pressure (Sh	ut in)	Choke Size		
		•	}	-			
VI. OPERATOR CERTIFICA	ATE OF COMI	LIANCE		CONCE	2\/ATION DI	VICION	
I hereby certify that the rules and regulate Division have been complied with and the	tions of the Oil Conset	vatios	OIL	CONSE	ID NOITAVE	AIDION	

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

<u>George R</u>

08/16/93

Printed Name

1 Tale

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111,

Title

Date Approved _

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Lease Records

(505)

Title 880-5384

Telephone No.

- 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.