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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  
See Instructions  
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

DISTRICT III  
1000 Rio Bravo Rd., Aztec, NM 87410

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

I.

Operator <b>ENERDYNE CORPORATION</b>	Well API No.
Address <b>P. O. BOX 502, ALBUQUERQUE, NEW MEXICO 87103</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"/>	Crudehead 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>STATE</b>	Well No. <b>28</b>	Pool Name, Including Formation <b>CHACO WASH -MV</b>	Kind of Lease (State, Federal or Fee) <b>State</b>	Lease No. <b>LG2779</b>
Location Unit Letter <b>A</b> : <b>330</b> Feet From The <b>NORTH</b> Line and <b>330</b> Feet From The <b>EAST</b> Line Section <b>28</b> Township <b>20 NORTH</b> Range <b>9 WEST</b> , <b>NMPM</b> , <b>MCKINLEY</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, N.M.</b>					
Name of Authorized Transporter of Crudehead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>NA</b>	Address (Give address to which approved copy of this form is to be sent) <b>87499</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>28</b>	Top. <b>20N</b>	Rgn. <b>9W</b>	Is gas actually compressed? <b>NONE</b>	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	Some Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RES, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Taking 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 lead oil and must be equal to or exceed top allowable for this depth and formation.)			
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 <b>NOV 19 1991</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <b>OIL CON. DIV</b> <b>DIST. 3</b>

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### 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.

Signature *Don L. Hanosh*  
DON L. HANOSH  
PRESIDENT  
Printed Name  
Date 10-25-91 Telephone No. 291-9502

### OIL CONSERVATION DIVISION

Date Approved **NOV 19 1991**

By *Burt J. Shoup*  
SUPERVISOR DISTRICT #3

Title \_\_\_\_\_

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

- 1) Request for allowable for newly drilled or deep 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 new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for new, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for recompleted wells.

