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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

REC	QUEST F	OR ALLOWABLE AND AUTHORIZAT	TION		
I.		ANSPORT OIL AND NATURAL GAS	_		
Operator The Gary-Williams Company		Well API No. 30 043 20738			
Address 370 17th Street, Suite 5	300, De	nver, CO 80203			
Reason(s) for Filing (Check proper box)		Other (Please explain)			
New Well	Change is	Transporter of: Operator Name and	Address Change		
Recompletion Oil		Dry Gas		, in the second	
Change in Operator	ead Gas 🔲	Condensate			
If change of operator give name and address of previous operator	iams Oi	l Producer, Inc., 115 Invernes	s Dr.E.,Englew	ood, co 80112-5116	
IL DESCRIPTION OF WELL AND L	EASE				
Lense Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.	
Chijulla 28	15	Rio Puerco Mancos	Stage, Federal or Free	NM-22834	
Location				-	

Reason(s) for Filing (Check proper b									
	xax)				Other (Please	explain)			
iew Well		Change is	•	_	Operator Name	and Addr	ess Chang	re	
ecompletica \Box	Oil	يا م	Dry G	_					
nange in Operator	Casinghe		Conde						
hange of operator give name address of previous operator	ary-Willi	Lams Oi	1 Pro	oducer,	Inc., 115 Inve	erness Dr	.E.,Engle	wood, (XX 8011
DESCRIPTION OF WE	ILL AND LE	Well No.	Boot N	lama lankati	- Fi	v :	-67	1 .	NI-
Chijulla 28		15	1		ing Formation reco Maneos		of Lease, Federal or Fee		ease No. 334
cation		1 13		<u>uo ruc</u>	res remos		7 200	141 220	75-7
Unit Letter	:66	50	_ Feet Fr	rom The	South Line and	1980 F	eet From The _	East	<u>Li</u> i
Section 28 Tow	waship 21N	I	Range	2W	, NMPM,	Sandov	al		County
									County
L. DESIGNATION OF TRANSPORTER OF CO.		OF OF O		D NATU		which approve	d come of this for	m is to be s	me)
Gary-Willians Energ					Address (Give address to which approved copy of this form is to be sent) 370 17th Street, Suite 5300, Denver, CO				
ame of Authorized Transporter of C			or Dry	Gas 🗍	Address (Give address to				
1/A			,		, , , , , , , , , , , , , , , , , , , ,				,
well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected	? Whe	n ?	· · · · · · · · · · · · · · · · · · ·	
e location of tanks.		1	<u> </u>	_1	N/A	1		·	
his production is commingled with	that from any ot	her lease or	pool, giv	ve commingi	ing order number:				
. COMPLETION DATA		Oil Well		Ges Well	New Well Workover	- Donner	Plug Back	Paris	Diff Res
Designate Type of Complet	tion - (X)	I OII MEII	' ; '	CHR MEII	I MEM METT I MOLEGAE	r Deepen	i riug back i	Same Kez v	i kes
te Spudded		ipi. Ready 14	o Prod.		Total Depth		P.B.T.D.		
•	1	•							
vations (DF, RKB, I/T, GR, etc.)	Name of I	Producing F	ormatice		Top Oil/Gas Pay	Tubing Depth			
erforations			<u> </u>		Depth Casing	Depth Casing Shoe			
	,	.			CEMENTING RECO		1 0	OKO OEN	FAIT
HOLE SIZE	CA	ISING & TI	JBING S	SIZE	DEPTH S	ET	S	ACKS CEM	ENI
		·····	-			<u> </u>	 		
								· · · · · · · ·	
TEST DATA AND REQU	UEST FOR	ALLOW	ABLE						
L WELL (Test must be a	fter recovery of t	otal volume	of load	oil and must	be equal to or exceed top	allowable for th	is death on he fo	- full 24 hou	7 5 .)
								7 /481 24 /104	
ate First New Oil Run To Tank	Date of To				Producing Method (Flow			7 100 24 1100	<u></u>
nte First New Oil Run To Tank		:d			Producing Method (Flow		etc.)	v jest sv noe	
te First New Oil Run To Tank	Date of To	:d						y just any riou	· · · · · · · · · · · · · · · · · · ·
ngth of Test	Tubing Pr	essire			Producing Method (Flow Casing Figure 1)	, pump, gas lift,	etc.)	7 7661 24 11011	
te First New Oil Run To Tank		essire			Producing Method (Flow Casing Figure 1)		etc.)	7 7602 24 71070	
te First New Oil Run To Tank ngth of Test tual Prod. During Test	Tubing Pr	essire			Producing Method (Flow Casing Figure 1)	, pump, gas lift, E	etc.) MCF	year av rove	
ngth of Test tual Prod. During Test AS WELL	Tubing Pr	essure			Casing Figure Casing FEB C	, pump, gas lift. EIVE 5 1990 DN. DI	etc.) MCF		
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ngth of Test mail Prod. During Test AS WELL mail Prod. Test - MCF/D	Tubing Pr Oil - Bbls Length of	essure			Casing Figure Casing FEB C	5 1990 DN. DIV	MCF Gravity of Co	ndensate	
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Printed Name 303/628-3800 Telephone No. /29/90

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.
- 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.