

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator The Gary Williams Co.		Well API No.
Address 370 17th St. #5200, Denver, CO 80202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: <i>Correction, should not have changed.</i> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator Veteran Exploration, Inc., 1801 Broadway, Ste. 400, Denver Co 80202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Isidro 26	Well No. 7	Pool Name, Including Formation Mesaverde San Ysidro	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM25604
Location Unit Letter G : 1900 Feet From The North Line and 2250 Feet From The East Line Section 26 Township 20N Range 3W , NMPM, Sandoval 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"/> GEC	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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
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 greater than the volume of oil produced for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, Pumpjack, lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 *Jerry McHugh, Jr.*
Printed Name **Jerry McHugh, Jr., Consultant**
Date **7/8/92** Title **(303) 293-9276**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 12 1992**

By **Original Signed by CHARLES GHOLSON**

Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

1. OILWELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-25604	
2. NAME OF OPERATOR Gary Williams Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1775 Sherman St., Ste 1925 Denver, CO 80202 (303) 831-4673		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL AT SURFACE 1900 FNL and 2250' FEL (SW NE) Section 26-T20N-R3W		8. FARM OR LEASE NAME San Isidro 26	
		9. WELL NUMBER 7	
		10. FIELD AND POOL, OR WILDCAT Undesignated Gallup	
		11. SEC., T., R., OR BLK. AND SURVEY SW NE 26-T20N-R3W	
14. PERMIT NO.	15. ELEVATIONS 6984 GR	12. COUNTY OR PARISH SANDOVAL	13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ **ABANDON** ☒
REPAIR WELL ☐ CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIR WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT ☐
(OTHER) ☐

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Request approval to abandon well per the attached procedure.

RECEIVED
MAR 20 1995
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED Richard M. Miller TITLE Operator's Rep DATE 1/20/94

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE So Chief, Lands and Mineral Resources DATE MAR 16 1995

CONDITIONS OF APPROVAL, IF ANY: