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Appropriate District Office
DISTRICT 1
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, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

Secretary   Secr	I.	REQ					BLE AND			TION	1			
Address   Addr	Operator													
Resourcing for Filling (C-lock proper bear)   Change in Transporter of							3003905333							
Change in Transporter of Catage and Catage	135 Grant, Santa Fe,	NM 875	501 ·					······································						
Recompletion		)	Change	in Tee		-F.	O	ther (Please o	explain)					
Casinghead Gas   Condensate		Oil				01:								
The Secretary of the produce of the producing formation and the producing formation and the producing formation and the producing formation and the producing formation of the producing		Casinghe												
Lase Name   Ked of Lase   Lase Name   Ked of Lase   SPAR Folenisky Res   SF-07856	If change of operator give name and address of previous operator											<del></del>		
Federal 2-26   1   Escrito Gallip   Sedentifor Res   Sp-07856   Sp		L AND LE	ASE											
Location   Line and	•		l .	- 1			_						Lease N	
Section 26 Township 24N Range 7N NMFM, RIO ATTIBA  Co  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Coll  Gaint Ref fining  Nome of Authorized Transporter of Casinghead Ges  Calant Ref fining  Nome of Authorized Transporter of Casinghead Ges  EX  OF DY Gas  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 256, Farmington, NM 87499  P.O. Box 256, Farmington, NM 87501  135 Grant, Santa Fe, NM 87501  If well produces oil or liquids,  Unit Sec. Twp. Reg. It gas actually connected? When 7  Yes  Of 124N TN  Yes  9/15/61  The strip stocketion is commingted with that from any other lease or pool, give comminging order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Speaded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Elevations (DF, RRB, RT, GR, etc.)  Name of Producing Formation  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TUBING, CASING AND CEMENTING RECORD  TOD OIL Gas Pay  Tubing Depth  P.B.T.D.  TEST DATA AND REQUEST FOR ALLOWABLE  II. WELL  (Itest must be after recovery of total volume of food oil and must be equal to or exceed top allowable for this part of the strip of the str			1		Escri	to	Gallup			NAI	, rederakot X3	SF	-07856	<u>3 ·                                   </u>
Section 26 Township 24N Range 7W NMPM RIO ATTABA  Collin DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil	Unit LetterC	: 1º	980	_ Fee	t From T	he	west' Li	ne and	660	F	eet From The	nor	th	Line
Designate Type of Completion - (X)   Oil Well   Cas Well   Wedver   Deepen   Piug Back   Same Res'   Diff	Section 26 Towns													
Name of Authorized Transporter of Oil									IO AI	riba	·	· · · · · ·	Co	unty
P.O. Box 256, Farmington, NM 87499	Name of Authorized Transporter of Oil		OF OF Conde	IL A	AND N	ATU	RAL GAS	ve address to	which as	nor ove	d copy of this f	orm is to	ha eautl	
BOO, Inc.  135 Grant, Santa Fe, NM 87501  When 2  Yes a get to get standard, give location of tanks.  10														
Mean   Production of Indication   Unit   Sec.   Twp.   Rge.   It is part actually connected?   When 7   Yes   9/15/61.  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)		nghead Gas	KX	or E	Ory Gas		Address (Give address to which approved copy of this form is to be sent)							
This production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Perforations  Tubing CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  II. WELL  (Test must be after recovery of total volume of toud oil and must be equal to or exceed top allowable for this producing heat of Test  ate First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Side D 6 1539  Choke Side D 6 1539  Cuttle Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Side  Oil CONSERVATION DIVISION  Date Approved  By  SUPERVISION DISTRICT # 3		Unit	Sec	Twe	<u> </u>	Pas	135 Gra	ant, Sai	nta F			<u> </u>		
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Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  II. WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this part of test  rength of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Conke slide 1 0 6 1989  Casing Pressure  Conke slide 1 0 6 1989  Casing Pressure  Conke slide 1 0 6 1989  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Conke Slize  Oil - Bbis. Condensate/MMCF  Gravity of Condensate  Tubing Method (pion, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Conke Slize  Oil CONSERVATION DIVISION  Date Approved  July 6 1989  Supervision have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Supervision have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Supervision have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Supervision have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Supervision DISTRICT # 3	Designate Type of Completion	ı - (X)	Oil Well		Gas W	ell	New Well	Workover	De	epen	Plug Back	Same Res	'v Diff I	Res'v
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Ease I Make that New Oil Alin To Talk  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Choke Size	IL WELL (Test must be after re	ecovery of tota	l volume o	f load	l oil and	must b	e equal to or e	xceed top all	iowable f	or this	Ar Locale	14 24 h	W.C.	n
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I. 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.  Date Approved  By  SUPERVISION DISTRICT # 3	ctual Prod. Test - MCF/D	Length of Tes	st				Bbls. Condensa	te/MMCF	<del></del>		Gravity of Cor	densate		
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Signature  James P. Bennett Office Manager  Printed Name  By  SUPERVISION DISTRICT # 3	is true and complete to the best of my kn	owledge and b	elief.	20010			Data A	<b>\_</b>	_1	. 1	<b>H</b>	20	_	
James P. Bennett Office Manager  Printed Name  SUPERVISION DISTRICT # 3	B 6 B						Dale F	hblooe	u		<del>≇UŁ</del> °∭	<del>5 798</del>	9	
James P. Bennett Office Manager Printed Name  SUPERVISION DISTRICT # 3	Signature						By Since ). Change							
Title    = = = = = = = = = = = = = = = = = =	Deleted No.						SUPERVISION DISTRICT # 3							
_6/30/89 983-1228 Title		c			,		Title_						, –	
Date Telephone No.		9												

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.

  A) Separate Form C 104 man be filed for challenges in redding to a paragraph of the such changes.