Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

I.	REQ		R ALLOWA							
Operator Benson Montin Gree	r Dril					Well	API No. 0-039-23185			
Address				14	0710					
221 Petroleum Cent Reason(s) for Filing (Check proper box)	er Blag	<u>z., Far</u> n	ungton, N		o 8740 her (Please exp			· · · · · · · · · · · · · · · · · · ·		
New Well Recompletion	Oil		Transporter of: Dry Gas							
Change in Operator		ad Gas X	•							
If change of operator give name and address of previous operator Ory	x Energ	y Compa	ny. P.O. I	Box 2630	0, 0klah	oma City	7. O.K.	73126-0	300	
II. DESCRIPTION OF WELL	Fec									
Lease Name E.T.	Well No. Pool Name, includi						Lease No. DAKOTONMA-32			
Location		1 1	Odvilan	Hancos			/	NMA		
Unit LetterC	_:11	.001	Feet From The	North Lie	e and	1600 F	eet From The	LIOG		
Section 28 Townshi	ip 25N	<u> </u>	Range 2W	, N	мрм,		Rio	Arriba	County	
III. DESIGNATION OF TRAN	CDADTE	TO OF OU	A NID NIA TTI	DAI CAS				-		
Name of Authorized Transporter of Oil	X T	or Condens			ne address to w	hich approved	i copy of this f	orm is so be se	nt)	
Giant Refining Co. Name of Authorized Transporter of Casinghead Gas X or Dry Gas				P.O. Box 9156, Phoenix, Arizona 85068						
Name of Authorized Transporter of Casinghead Gas				Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492. Farmington, N.M. 87499						
If well produces oil or liquids, give location of tanks.	Unit	:		Is gas actuali	y connected?	When	?			
f this production is commingled with that	from any oth		25N 2W	ves	ber:					
V. COMPLETION DATA								,		
Designate Type of Completion	- (X)	Oil Well 	Gas Weil	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to P	rod.	Total Depth		<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casin	g Shoe		
	Ť	UBING. C	ASING AND	CEMENTI	NG RECOR	D	·			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							1			
. TEST DATA AND REQUES	T FOR A	LLOWAE	SLE			,				
OIL WELL (Test must be after re Date First New Oil Run To Tank			load oil and must		exceed top allo			or full 24 hours	r.)	
ALE FIRE IVEW OIL RUIL TO TAILE	Date of Tes	•		Producing Me	uiou (riow, pu	тр, gas 141, e	e. Es Pe	2 P F F4		
ength of Test	Tubing Pressure Oil - Bbls.			Casing Pressure Water - Bbis.			Digital Size of the second			
Actual Prod. During Test							MEFE	C2 0 199	1	
							<i>U</i> L			
GAS WELL Actual Prod. Test - MCF/D Length of Test					0.00		OIL (<u> </u>	
CHER PROC. 1684 - MICP/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Co	धाउगः उ		
sting Method (pitot, back pr.)	Tubing Pres	aure (Shut-in)		Casing Pressu	re (Shut-in)		Choke Size			
T OPERATOR CERTIFICA	TE OF	COMPLI	ANCE							
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
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 DEC 2 0 1991						
Me. On ha					Date Approved					
Simples Simples					By Srank Java					
Albert R. Greer President				SUPERVISOR DISTRICT #3						
Printed Name Title 12-19-91 505/325-8874				Title_	<	SHPERVIC	OR DISTR	ICT#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
- 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.