

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, Artesia, NM 88210

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

**OIL CONSERVATION DIVISION**

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

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

I. **Operator**  
Benson Montin Greer Drilling Corp. **Well API No.**  
30-039-24051

**Address**  
221 Petroleum Center Building, Farmington, New Mexico 87401

**Reason(s) for Filing (Check proper box)** ☐ **Other (Please explain)**

**New Well** ☐ **Change in Transporter of:**

**Recompletion** ☐ **Oil** ☐ **Dry Gas** ☐

**Change in Operator** ☒ **Casinghead Gas** ☒ **Condensate** ☐

If change of operator give name and address of previous operator Oryx Energy Company, P.O. Box 26300, Oklahoma City, O.K. 73126-0300

**II. DESCRIPTION OF WELL AND LEASE**

**Lease Name** High Adventure **Well No.** 1 **Pool Name, including Formation** Gavilan Mancos **Kind of Lease** Fee **Lease No.** NM015P35876326

**Location**  
**Unit Letter** H **Feet From The** 1650 **North** **Line and** 790 **Feet From The** East **Line**

**Section** 8 **Township** 25N **Range** 2W **NMPM.** Rio Arriba **County**

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

**Name of Authorized Transporter of Oil** ☒ **or Condensate** ☐  
Giant Refining Co. **Address (Give address to which approved copy of this form is to be sent)**  
P.O. Box 9156, Phoenix, Arizona 85068

**Name of Authorized Transporter of Casinghead Gas** ☒ **or Dry Gas** ☐  
Benson-Montin-Greer Drilling Corp. **Address (Give address to which approved copy of this form is to be sent)**  
221 Petroleum Ctr. Bldg. Farmington, NM 87401

If well produces oil or liquids, give location of tanks. **Unit** H **Sec.** 8 **Twp.** 25N **Rge.** 2W **Is gas actually connected?** yes **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			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 exceed top allowable for this depth or be for full 24 hours.)

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	MMCF

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**GAS WELL**

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

OIL CON. DIV  
DIST. 3

**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.

Albert R. Greer  
Signature  
Albert R. Greer President  
Printed Name  
12-19-91  
Date  
505/325-8874  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved DEC 20 1991  
By Frank J. [Signature]  
Title SUPERVISOR DISTRICT # 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.