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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, Astesia, NM 88210

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT	_	
1000 Rio Braz	ns Rd., Aziec, N	IM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.											
TO TRANSPORT OIL				Well API No.							
	Benson-Montin-Greer Drilling Corp.				30-039-24513						
Address	•				07/0	•					
221 Petroleum Center	Buildin	g, Farm	ington, N								
Resson(s) for Filing (Check proper box)		Channe in To			et (Piesse expi	our,					
New Well	Oil	Change in To XX D	• —								
Recompletion.	Casingbood	_									
If change of operator give name Mo.h.				C . P . O	Box 63	3. Midla	and, TX	79703			
and address of previous operator											
IL DESCRIPTION OF WELL	AND LEA	SE	<del></del>			- V:- 4	ellare. Da	J [4	ess No.		
Lease Name			od Name, Includi J. Puerto C		Mancos/	/   -	of Lease Fe Federal or Fee	~ • <sub>1</sub>	3453		
Arroyo Blanco 23		<u> </u>	ucito o	niquito	rianos,	<i>y</i> - N					
Unit Letter K	_ :2	.047	set From The S	outh Li	19	7·5 Fe	et From The _	west	Line		
Section 23 Towark	<u>24N</u>	R:	1W	, N	мрм,	Rio Arr	iba		County		
III. DESIGNATION OF TRAN	(CDADTE)		AND NATE	DAT GAS							
Name of Authorized Transporter of Oil		or Condensati		Address (Gi	ne address to w				4)		
. Ciniza Pipeline Inc.	• 🔟 _				ox 1887,						
Name of Authorized Transporter of Casis N/A	ghead Ges		Dry Gas	Address (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids,	Unit	•	wp. Rgs.	is gas actual No	ly connected?	When	? N/A				
give location of tanks.  If this production is commingled with that	K				ber:		.,, 11				
If this production is comminged with this IV. COMPLETION DATA	TOTAL MAY OUT	ar access on pos		<b></b>							
Designate Type of Completion	- (X)	Oil Well	Ges Weil	New Well	Workover	Despen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		i. Reedy to Pi	rod.	Total Depth	<u></u>		P.B.T.D.	-			
TO DE DEP OF CR 44	Name of Pa	No. of Parkers Formers			Top Oil/Gas Pay			Tubing Depth			
Elevanous (DF, RKB, RT, GR, etc.)  Name of Producing Formation							Depth Casing Shoe				
Perforations							Depui Casin	g cape			
TUBING, CASING AND C					CEMENTING RECORD						
HOLE SIZE	CAS	ING & TUB	ING SIZE		DEPTH SET		SACKS CEMENT				
				ļ							
	-			<del> </del>			<del></del>				
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE								
OIL WELL (Test must be after			load oil and must	be equal to o	r exceed top all lethod (Flow, p	owable for the	s depth or be f	or full 24 hour	3.)		
Date First New Oil Run To Tank	Date of Tes	4		Producing IV	ieinoù (riow, p	штр, даз 191,	uc. <i>)</i>				
Length of Test	Tubing Pre	Tubing Pressure			nie		PEGEIAEU				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbis.			DEC1 7 1990				
CAS WELL								781 D			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test		Bbis. Conde	ame/MMCF		CHI, C	diam'r	163		
								ST. 3			
Testing Method (puos, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			ure (Shut-in)	_	Choke Size	Choke Size			
VL OPERATOR CERTIFIC	CATE OF	COMPL	IANCE			USERV	ATION	DIVISIO	N		
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 ApprovedDEC 1 7 1990								
///www.				2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Signature Albert R. Greer President			SUPERVISOR DISTRICT #3								
Printed Name	505		Tile /	Title	)	307EM	TISUN U	<u> </u>			
12/14/90	505-	325-887									
Date		r erebt	ions No.	1							

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.