Submit 5 Copies
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

## OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	7				IL AND NA					
Operator	0111 01	IL / (IV)	TOTIAL		API No.		<del></del> )			
CENTRAL RESOURCES,	INC.							3003	3906731 ————	
1776 LINCOLN STREE	Г STE. 1(	010, D	ENVI	ER, COLO	ORADO 802	203				
Reason(s) for Filing (Check proper box)				<del></del>	—- p—q ·	ict (Please exp	lain)	······································		
New Well		Change in				•	ŕ			
Recompletion [ ] Change in Operator	Oil		Dry (							
If change of operator give name	Casinghead							<u>-</u>		
and address of previous operator N	<u>ational (</u>	Cooper	ativ	ve Refi	nery Asso	ociation	, PO Box	1404, Mo	Pherso	n, KS 674
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name Candado			Pool	Name, Includ	ling Formation	1: CC- C		of Lease	Tara L	ease No.
Location		8	BI	meo Pi	ctured Cl	11IIS, S	O. State	(Federal)or Fee	SF079	161
Unit Letter A	111	0.0			N 41	0	0.0			
One LetterA			Feet I		North Lin	e and9	90F	eet From The	<u>East</u>	Line
Section 4 Townsh	26N		Range	- 7W	,NI	мрм,		<u>Rio Arri</u>	ba	County
II DESIGNATION OF TO O	Menyanirri									
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil		or Condens				u address to w	high gunnama	copy of this for		<del></del>
Gary-Williams Energy		Constin			370 13	7th Stre	et, Ste	5300, Der	n <i>u lo be se</i> iver, C	ດີ. 80202
Name of Authorized Transporter of Casin	ghead Gas Or Dry Gas XX			Address (Give address to which approve			ed copy of this form is to be sent)			
El Paso Natural Gas	· · · · · · · · · · · · · · · · · · ·				PO BOX 1492, E1 Pas					
If well produces oil or liquids, jive location of tanks.	Unit !	Sec.	Twp	Rge.	Is gas actually		Wher	7		
this prestuction is commingled with that	from any other	r lease or r	ii Ool a	ive commina	yes			1955	· 	
V. COMPLETION DATA	nom any conc.	r icuse or p	~~, gi	ive comming	ing older nam					<del></del>
Decimants Town of Co.		Oil Well	- 1	Gas Well	New Well	Workover	Deepen	Plug Back   S	ame Res'v	Diff Res'v
Designate Type of Completion Date Spadded		l	_1		1	j <sub></sub>	İ			]
Date Styloged	Date Compl. Ready to I'nid.				Total Depth	Total Depth		P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Pro	Mucina For	malicy	- · · · · · · · · · · · · · · · · · · ·	Top Oil/Gas I	, av		-	<del></del>	
, and the second				,	,, ,, ,,			Tubing Depth		
erforations					J			Depth Casing	Shoe	
1101 - 0.75	TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD		D			
HOLE SIZE					DEPTH SET			SACKS CEMENT		
								ļ		
TEST DATA AND REQUED  OUT WELL Test must be after t						- P	BUE	III		<del></del>
Oute First New Oil Run To Tank	Date of Test	l volume o	load	oil and must	Producing Ne	E Table	blo for mi	or be for	full 24 hour	s.)
					in		ANDS	ų.		
ength of Test	Tubing Press	บเต			Casing Page	AUGI	() (2 an)	Cheke Size		
Actual Prod. During Test					- AN U			V.		
iction Prog. During Text	Oil - Bbis.				Water - Bbls. Oll Con 3			Gas- MCF		
GAS WELL	.1				l		10 1.	<u> </u>		
Actual Prod. Test - MCP/D	Length of Te-				FB( = 2+ :					
	Langin of Te	11			Bbls. Condens	ule/MMCF /	* A 1100	Gravity of Con	Jensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut in)				Casing Pressu	re (Shul in)		Clicke Size	Mindfillight	
						,				
I. OPERATOR CERTIFIC	ATE OF C	COMPL	۱۸۱	NCE				L		
I hereby certify that the rules and regul	ations of the Oi	il Conscrya	tion		C	OIL CON	SERV	D NOITA	VISIO	N
Division have been complied with and is true and complete to the best of my l	mar the information and	ation given belief.	abovo	:			<b>A</b> 1	JG 1 6 199	13	
P	1 1				Date	Approved	dA	70 T 0 132	<u></u>	
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Scott A. Smith	V.P.	Opera	tion	ns/	∥ Ву		Bir		<b>{</b>	
Printed Name				Engeeri	ng Tilla		SUPERVI	SOR DIST	RICT #	3
7/31/93 Date	(303) 830	0-0100			Tille_					
· ·········		Telept	one h	ło.	11					

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 10% must be filed for each pool in multiply completed wells.