Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICUII P.O. Drawer DD, Anesia, NM 88210

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 Brazas Rd., Aziec, NM 87410

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Operator		10 111/	11101 01	11 011	L AND MAI	OFIAL G		API No.		
CENTRAL RESOURCES,	INC.							30039	21282	
1776 LINCOLN STREET	STE. 1	.010, D	ENVER,	COLC	ORADO 8020)3				
Reason(s) for Filing (Check proper box) New Well		Change in	i Transposte	er of:	[] Othe	(Please exp	lain)			
Recompletion	Oil	, ,,	Dry Gas							
hange in Operator X	Casinghea	d Gar [Condensat	c [_]						
change of operator give name and address of previous operator Na	tional	Cooper	ative	Refin	nery Assoc	iation	, PO Box	1404, M	lcPherso	on, KS 67
. DESCRIPTION OF WELL	AND LE					·····			Agree	ement #
ease Name Candado		Well No.	ŀ		ing Formation saVerde			o <u>l Lease</u> (Federal)or Fee	1	NMA37
ocation	I	17A	Diane	.o ne	saverue					NMA37
Unit Letter I	- :	1450	Feet From	The	South Line	and7	90 F	et From The _	EAST	Line
Section 10 Townshi	ir 261	Ŋ	Range	7W	, NM	PM,		Rio Arr	iba	County
I DESIGNATION OF TRAN	JCD/ADTE	D OF O	IT ARITY	BIATTI	DAT (14C					•
I. DESIGNATION OF TRAN		or Conden			Address (Give	address to w	hich opproved	copy of this fo	rm is to he s	ent)
Gary-Williams Energy					370 171	h Stree	et, Ste.	5300, De	nver, (0. 80202
e of Authorized Transporter of Casinghead Gas [] or Dry Gas [XX]										
well produces oil or liquids, ve location of tanks.					PO BOX 1492, E1 Paso, TX. 79978 Is gas actually connected? When ?					
this production is commingled with that I	[mm any cube	10	26N	67W	yes	· · · · · · · · · · · · · · · · · · ·	l	1977	·	
COMPLETION DATA		er it asse of p	JANA, BIVE C	caraningn	ing older namoe	·				
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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nustions (INE DVB DE CD)	M				Top Oil/Gas Pa					· · · · · · · · · · · · · · · · · · ·
evalions (DF, RKB, RF, GR, etc.) Name of Producing Formation					TOP OID GALTA	Y		Tubing Depth	1	
riorations					· · · · · · · · · · · · · · · · · · ·			Depth Casing	Shoe	
	71	UBING.	CASING	AND	CEMENTIN	J RECOR	D			
HOLE SIZE			BING SIZE			EPTH SET		s	ACKS CEM	ENT
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TEST DATA AND DECLIES	T FOR A	117007	DI E							
				nd must	be equal to or ex	ceed top allo	wable for this	depth or be fo	r full 24 hou	rs.)
I. WELL (Test must be after re		al volune o		nd must	be equal to or ex	od (Flow, ru	mp. pas ldi. e	(c.)	r full 24 hou	rs.)
IL WELL (Test must be after restle First New Oil Run To Tank	Date of Test	lal volume d			be equal to or ex Prixtucing Meth	od (Flow, ru	mp. pas ldi. e	(c.)	r full 24 hou	rs.)
L WELL (Test must be after rettle First New Oil Run To Tank	Date of Test Tubing Press	lal volume d			Producing Meth	od (Flow, ru	mp. pas ldi. e	(c.)	r full 24 hou	rs.)
IL WELL (Test must be after reste First New Oil Run To Tank	Date of Test	lal volume d			Producing Meth Casing Pressure Water - Bb	od (Flow, pu	mp, gas lyl, e	Gas- MCI	r full 24 hou	rs.)
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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) Till 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.