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Appropriate District Office
DISTRICT J
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

<u>VIST RICT III</u> DW Rio Brazos Rd., Aziec, NM 87410	550050									
		FOR ALLOWA								
Operator	TO TRANSPORT OIL AND NATURAL GA						Well API No.			
CENTRAL RESOURCES,	ENTRAL RESOURCES, INC.				3003921282					
1776 LINCOLN STREET	STE. 1010,	DENVER, COLO								
Reason(s) for Filing (Check proper box) Rew Well	0	:- T	Otho	er (Please expla		_				
tecompletion []	Change Oil [in Transporter of: Dry Gas		,	6.6.	C. Trav	U.S.,			
hange in Operator 🔯		Condensate								
change of operator give name d address of previous operator Na	ational Coope	erative Refir	nery Asso	ciation,	PO Box	1404, Mc	Pherson	, KS 67		
. DESCRIPTION OF WELL							 			
ease Name	Well No. Pool Name, Inclu					Agreement #				
Candado		Otera Cha	ıcra			Federal or Fee	NMA3	6		
Ocation Unit LetterI	: 1450	Feet From The	South Line	790) Fe	et From The	East	Line		
Section 10 Townsh	ip26N	Range 7W	, NM	1РМ,	······································	Rio Arri	ba	County		
I. DESIGNATION OF TRAN	SPORTER OF (OIL AND NATU	RAL GAS					•		
ne of Authorized Transporter of Oil on Condensate [XX] Gary-Williams Energy Corp.			Address (Give address to which approved copy of this form is to be sent) 370 17th Street, Ste. 5300, Denver, CO. 80202							
laine of Authorized Transporter of Casin El Paso Natural Gas	ghead Gas	or Dry Gas XX	·			copy of this form		1)		
well produces oil or liquids,	Unit Sec.	Twp. Rge.	le gas actually		El Paso When					
e location of tanks. this production is commingled with that	from any other lease o	or pool, give commine	yes	rr	i		977 			
. COMPLETION DATA										
Designate Type of Completion	Oil We	II Gas Well	New Well	Workover	Deepen	Plug Back Sa	ne Res'v	Dill Res'v		
ate Spaidded	Date Compl. Ready	to Prod.	Total Depth	l		P.B.T.D.		J <u></u>		
evations (DF, RKB, RT, GR, etc.)	Name of Producing I	Formation	Top Oil/Gas Pay			Tubing Depth				
rforations	1				Depth Casing Shoe					
	TUBING	, CASING AND	CEMENTIN	G RECORD		<u> </u>				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT				
						l				
7500.70.50.70.70.70.70.70.70.70.70.70.70.70.70.70										
TEST DATA AND REQUES WELL Test must be after r		•			as 52 .	Th.				
tle First New Oil Run To Tank	Date of Test	e of toad oil and must	Product M	no di constanti	vp. gas lyl, a	Afth or be for f	ull 24 hours	.)		
ngth of Test	Tubing Pressure		Casin, 1. Jun; AUG1 6 1993.			Choke Size				
tual Prod. During Test	Oil - Bbls.		Water - Bblo	IL CON	. DIY	as- MCF		*		
AS WELL	1		I	DIST.	<u></u>	1				
tual Prod. Test - MCI/D	Length of Test		Bbls. Condensa	ILE/MNICE		Gravity of Cond	ensale			
7.0.2.3.4.1.6.1.1.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	953000 800000 180				**************************************	A STATE OF THE PARTY OF THE PAR	adjardi	*		
ting Method (pitot, back pr.)	Tubing Pressure (Shu	ut∙ın)	Casing Pressin	e (Shut in)	:	Clicke Size				
I. OPERATOR CERTIFIC					~ · · · ·					
I hereby certify that the rules and regula	ations of the Oil Conse	rvation	O	IL CONS	SERVA	ATION DI	VISIOI	V		
Division have been complied with and is true and complete to the best of my k	trat the information givenowledge and belief.	ven above		A	į.	IUG 1 6 19:	93			
hat hu	if		Date i	Approved		1				
Signature Santal	<u>N.D. 10</u>		Ву		مندة) Plan	- /			
Scott A. Smith Printed Name	V.P. Open	rations/ T _{ille} Engeeri	ng		SUPER	VISOR DIST	RICT #	3		
	(303) 830-010		Title_							

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.

Telephone No.

- 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.