Submit 5 Copies
Appropriate District Office
PISTRICT 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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
National Coop. Refinery Assoc.								300392145100D1			
Address					<del></del>		<del></del>				
415 W. Wall, Sui	te 2215	5, Mic	dland	d, Texa	ıs 79701						
Reason(s) for Filing (Check proper box)	X Other (Please explain)										
New Well		Change in									
R∞ompletion	Oil	L.	Dry G	as 🖳	Dot	wnhole C	ommingle	ed w/Ote	ro Chac	ra	
Change in Operator	Casinghea	d Gas 🗌	Conde	nsate 🗌							
If change of operator give name		-			_						
and address of previous operator								. · · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL Lease Name	Well No.	Deal N	lama Inaliid	ina Farmatian	10:-4	Kind of Lease Lease N					
Candado		Well No. Pool Name, Includiant 19A Blanco Me			-			State (Federal) or Fee		SF-079161	
Location	i		1 11.	THEO THE	Baverue					77 7101	
Unit Letter D	. 79	90	E E	<b>_</b> _ N	lorth Lin	11	40 _	et From The	West	** .	
Out Letter	_ ·		_ rea r	rom the	Li	e and	r	set Liour the		Line	
Section 3 Townshi	p 26-1	1	Range	7-W	, N	мрм,	Rio	Arriba		County	
III DESIGNATION OF TRAN	CDADTE	D OF O	II AN	ID NATE	DAL CAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR						Address (Give address to which approved copy of this form is to be sent)					
Gary Williams Energy Corporation					•		• •	oomfield, NM 87413			
				Gas X				oproved copy of this form is to be sent)			
El Paso Natural Gas	<del></del>			P. 0.	2, E1 Pa	1 Paso, TX 79978					
If well produces oil or liquids,	Sec. Twp. Rge.			is gas actuali	y connected?	When	When ?				
give location of tanks.	D	3	26N			es	<u> </u>	NA			
If this production is commingled with that	from any other	er lease or p	pool, giv	ve comming	ling order numi	ber:	DHO	C-669			
IV. COMPLETION DATA		loi w ii	<del></del> ı	<u> </u>	1				·,	_,	
Designate Type of Completion	- (X)	Oil Well	- ! '	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	I. Ready to	Prod.		Total Depth	<u> </u>	l	P.B.T.D.	<u>L</u>	ــــــــــــــــــــــــــــــــــــــ	
		•			•			F.B. 1.D.		'	
Elevations (DF, RKB, RT, GR, etc.)	oducing Fo	mation		Top Oil/Gas		Tubing Depth					
Perforations											
renorations								Depth Casin	g Shoe		
			<u> </u>				- <del>(* (* *</del>	A 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
TUBING, CASING HOLE SIZE CASING & TUBING SIZE					CEMENTI			W F			
HOLE SIZE	CAS	ING & TU	BINGS	SIZE	ļ	DEPTH SET		3	SAÇKS CEMI	ENT	
	<del> </del>			· · · · · · · · · · · · · · · · · · ·		<u> </u>	DEC2	1989	<b>1</b>		
							DE0%.	1303			
				<del></del>			HL CO	N. DIN	<i></i>		
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> L</u>		54 3 4	. 3			
OIL WELL (Test must be after re	ecovery of tot	al volume o	of load o	oil and must	be equal to or	exceed top allo	wable for this	depth or be l	for full 24 how	ec l	
Date First New Oil Run To Tank	Date of Tes	1			Producing Me	thod (Flow, pu	mp, gas lift, e	lc.)	o. ) o. / //		
Length of Test											
Langue of Teat	anne .			Casing Pressu		Choke Size					
Actual Prod. During Test	Oil - Bbls.										
				Water - Bbls.			Gas- MCF				
GAS WELL	L					<del></del>					
Actual Prod. Test - MCF/D	Length of To										
	renten of 1	eat.			Bbis. Condens	au/MMCF		Gravity of C	ondensate		
esting Method (pitot, back pr.)	aure (Shut-in)			Casing Pressu	- /ekia :						
		,	_,		Casing Pressur	ia (Surt-ib)		Choke Size			
L OPERATOR CERTIFIC	ATE OF	COMBI	TANT	CE							
I hereby certify that the rules and regulations of the Oil Conservation					ا ر	IL CON	CEDVA	TION	311/1010		
Division have been complied with and that the information gives show						VIE OON	SERVA	I ION L	0161010	N	
is true and complete to the best of my knowledge and belief.					Date Approved MAR 0 5 1390						
					Date ApprovedMAR_ V 3 1350						
Simalus					_	منو ليمنيان	and by Cit	LMSC ALA	COM.		
Signature Carrie A. Baze Production Clerk					By			THE CASE			
Printed Name Title											
<u>12-20-89</u> 915/683-2734					Title_	DEPUTY CO	A GAS IN	FECTOR D	NST. #3		
Date		Telepi	hone No	<del>.      </del>							
	فدوينيونانك				L						

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.
- 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.

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