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

DISTRICE II 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 Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	·····		11101	2111 011	- AND MATOTIAL C		API No.		· <sub>1</sub>
CENTRAL RESOURCES	3003921451								
1776 LINCOLN STREE		010, [	DENVER	, COLO	RADO 80203				
Reason(s) for Filing (Check proper box				_	Other (l'lease ex	plain)			
New Well		Change in	n Transpoi T	, ~,					
Recompletion []	Oil	با ا	Dry Gas						
Change in Operator X. J.  I change of operator give name	Casinghead		<del></del>		ery Association	PO Box	1404 McI	hersor	. KS 674
, , ,			Lacivo	, KCIIII	diy Associacion	1, 10 BOX	1404, 1101	1101301	, KO 074
I. DESCRIPTION OF WELL Lease Name	L AND LISA		Pool Na	ne Includi	ng Formation	TV:na	of Lease	T	ase No.
Candado		19A			cra / Mag		Federal or Fee	SF079	
ocation						<del></del>		1,	
Unit LetterD	: <u></u> 7	790	_ Feet Fre	om The	North Line and1	140 F	ect From The	West	Line
Section 3 Town	ship 26N		Range	7	W , NMPM,		Rio Arri	oa	County
II. DESIGNATION OF TRA	NSPORTE	ROFO	II. ANI	D NATU	RAL GAS				•
Name of Authorized Transporter of Oil	[]	or Conde			Address (Give address to	which approved	l copy of this form	is to be ser	<i>u</i> )
Gary-Williams Energ					370 17th Stre			<del></del>	
Name of Authorized Transporter of Ca El Paso Natural Gas	singlicad Gas		or Dry (	Gas XX	Address (Give address to				u)
I well produces oil or liquids,	Unit	Sec.	Twp.	Roe	PO BOX 1492			/8	
ive location of tanks.			[	1	yes	1 111101	'' 197	8	
this production is commingled with th	at from any other	er lease or	pool, give	e comming!		DHC669			
V. COMPLETION DATA		1	,-··		,		·		
Designate Type of Completic	on - (X)	Oil Wel	l J C	Jas Well	New Well   Workover	Deepen	Plug Back  Sa	ne Res'v	Diff Res'v
Date Spridded	Date Comp	I. Ready to	o Prod.		Total Depth		P.B.T.D.		.l
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				· · · · · · · · · · · · · · · · · · ·	Top Oil/Gas Pay				
					Tubing Depth				
erforations					·		Depth Casing S	lio¢	
	<del></del>	LIBING	CASIN	JC: AND	CEMENTING RECO	DIX		<u> </u>	·
HOLE SIZE		· · · · • · - ·	UBING S		DEPTH SET		SACKS CEMENT		
						<u></u>			: ::
		· • • • • • • • • • • • • • • • • • • •							
								······································	
. TEST DATA AND REQU	EST FOR A	LLŌW	ABLE		1	<del></del>			
OIL WELL (Test must be after Date First New Oil Run To Tank			of load o	il and must	be equal to or exceed top a			full 24 hour	5.)
Mie Fild New Oil Run 10 12nk	Date of Test				Producing Method (Flow,	(c.) D) E	6 E I	VE	
ength of Test	Tubing Pres	Tubing Pressure			Casing Pressure	Cill 120			
ctual Frod. During Test Oil - Bbls.					Water - Bbls		AUG1 8 1993		
							OIL CON. DIV		
GAS WELL	· · · · · · · · · · · · · · · · · · ·				t manufacture of the state of t			DIST.	
Actual Prod. Test - MCF/D	Length of 1	est			Bbls. Condensate/MNICF		Gravity of Con-		
esting Method (pitot, back pr.) Tubing Pressu			d.in)		Casing Pressure (Shut in)		Choke Size		
o thur, with his	, doing 110s	(3110	)		Casing Figamite (SHM III)		Choke Size		
I. OPERATOR CERTIFI	CATE OF	COMI	PLIAN	CE					<del></del>
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 Approved AUG 1 8 1993				
O sel	11				Date Approv	ed	100 1013	JJ	
Swoth.	nuf	<del></del>	•	<del></del>	Ву	مندة	s d		
Signature Scott A. Smith	V.P	. Oper	ration				-	~	
Printed Name 7/31/93	(303) 83	30-010		ngeeri	g Title		VISOR DIST	HICT #	3
Date 17.314.32	(202) 0.		ephone No	o.					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1404

- 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.