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Appropriate District Office
DISTRICT I
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DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator CENTRAL RESOURCES, INC.		Well API No. 3003921667
Address 1776 LINCOLN STREET STE. 1010, DENVER, COLORADO 80203		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator National Cooperative Refinery Association, PO Box 1404, McPherson, KS 67460

II. DESCRIPTION OF WELL AND LEASE

Lease Name Candado	Well No. 21	Pool Name, Including Formation Chaco Blanco Mesaverde	Kind of Lease State, <u>Federal</u> or Fee	Lease No. SF079161
Location				
Unit Letter B	1030	Feet From The North	Line and 1470	Feet From The East
Section 4	Township 26N	Range 7W	NMPM,	Rio Arriba
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Gary-Williams Energy Corp.	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 370 17th Street, Ste.5300, Denver, CO. 80202
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 1492, El Paso, TX. 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge	Is gas actually connected? yes
		When? 1979
If this production is commingled with that from any other lease or pool, give commingling order number: <u>DHC670</u>		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED
AUG 18 1993
OIL CON. DIV
DIST. 3

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Scott A. Smith
Printed Name Scott A. Smith
Date 7/31/93
Title V.P. Operations/Engineering
Telephone No. (303) 830-0100

OIL CONSERVATION DIVISION

AUG 18 1993
Date Approved
By [Signature]
Title SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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.