Subnut 5 Copies
Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240 DISTRICT 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	DECHECTE		DIE AND AUTHORI					
1.	TOTR	ANSPORT O	BLE AND AUTHORI LAND NATURAL GA	ZA MON				
Operator ANOCO PRODUCTION COMPANY					Well API No. 300392208700			
Address P.O. BOX 800, DENVER,	COLORADO 802	01						
Reason(s) for Filing (Check proper box)			Other (Please expla	iin)				
New Well L		Transporter of:						
Change in Operator	Casinghead Gas							
f change of operator give name and address of previous operator								
IL DESCRIPTION OF WELL	ANDIFASE							
Lease Name Well No. Pool Name, Inclu			ding Formation OTA (PRORATED GAS					
Location Unit Letter	1090	Feet From The	FNL Line and		. F	FWL		
21	268	ag Cham 🚓 🗸	: Dire and		eet From The	<del></del>	Line	
Section 31 Townsh	ip eve	Range	, NMPM,	KIU	ARRIBA		County	
II. DESIGNATION OF TRAN								
Name of Authorized Transporter of Oil	or Conden		Address (Give address to who	ich approved	l copy of this form	is to be sens	;	
GARY WILLIAMS ENERGY ( Name of Authorized Transporter of Casin	P.O. BOX 159, BLOOMFIELD, NM 87413  Address (Give address to which approved copy of this form is to be sent)							
NORTHWEST PIPELINE COL		or Dry Gas 💢	P.O. BOX 8900,					
If well produces oil or liquids, ive location of tanks.		Twp. Rge.	Is gas actually connected?	When	?	UI 0#1	กง-กงสล	
this production is commingled with that	form any other lease as	<u> </u>		1				
V. COMPLETION DATA	from any other lease or	poor, give comming	ung order number:		7/78/			
Designate Type of Completion	- (X)	Gas Well	New Well   Workover	Deepen	Plug Back   Sar	ne Res'v	liff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.	l		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth			
erforations								
					Depth Casing SI	100		
TUBING, CASING AND			CEMENTING RECORD					
HOLE SIZE CASING & TUBING SI		BING SIZE	DEPTH SET		SACKS CEMENT			
	<del> </del>							
. TEST DATA AND REQUES	T FOR ALLOWA	DI D						
			be equal to or exceed too allow	ubla for this	donth or he for G	JI 24 hours		
tate First New Oil Run To Tank Date of Test			be equal to or exceed top allowable for this depth or be for full 24 hows ) Producing Method (Flow, pump, gas lyft, etc.)					
ength of Test	7.1		<u> </u>			4# P C	-	
	Tubing Pressure		Casing Pressure		ege i	V E		
ctual Prod. During Test	Oil - Bbls.		Water - Bbls.	UU.	JUL 2 19	190		
SAS WELL	I		l		JUL AK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	<b></b> 0	IL CON	DIA.	<b></b>	
Uing Methyst (nited back as )				DIST. 3				
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
I. OPERATOR CERTIFICA	ATE OF COMPI	JANCE						
I hereby certify that the rules and regula	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.			JUL 2 1990					
Nil Ma	Date Approved							
L. P. Uhley	But But) Chang							
Signature Doug W. Whaley, Staf	SUPERVISOR DISTRICT 13							
Printed Name Title			Title		. 2.31		J	
June 25, 1990 Date	303-87 Telepi	30=4280 wne No.						
	•	,	1					

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) 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.