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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>DIST RICT III</u> 1000 Rio Brazos Rd., Aziec, NM 87410

1

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO	TRANSP	ORT OIL	_ AND NATU	RAL GAS			
Operator DESOLIDOES	TNC					Well API No. 3003922131		
CENTRAL RESOURCES, Address	TING.			····		1		
1776 LINCOLN STREET	STE. 1010	O, DENVE	R, COLC	RADO 80203				
Reason(s) for Filing (Check proper box) New Well	Cha	nee is Tenero	outer of	Other (P	lease explain)			
Recompletion []	Oil	inge in Transp Dry G	(-1					
Change in Operator 💢	Casinghead Ga							
If change of operator give name and address of previous operator Na	tional Co	operativ	e Refir	ery Associa	ation, PO	Box 1404, M	cPherson, KS	674
II. DESCRIPTION OF WELL								
Lease Name			lame, Includ	ing Formation		Kind of Lease	Lease No.	
Candado	2		nco Mes			State, Federal or Fee	SF079161	
Location	0,5			North	1450	۰	East	
Unit LetterB	_ :845	Feet F	rom The	North Line and	1450	Feet From The _		Line
Section 9 Townsh	in 26N	Range	7 W	, NMPM		Rio Arr	iba Cou n	tv
	7			<u> </u>	1	KIO_AII	1Da Coui	•
II. DESIGNATION OF TRAI			ID NATU					
Name of Authorized Transporter of Oil Gary-Williams Energy	1 1	Condensate		370 17th	ress to which a Street,	opproved copy of this for Ste.5300, De	m is to be sent) nver, CO. 80)202
Name of Authorized Transporter of Casin		or Dry	Gas XX	ļ		ipproved copy of this for	· · · · · · · · · · · ·	
El Paso Natural Gas				1		Paso, TX. 79		
If well produces oil or liquids, ive location of tanks.	Unit Sec.		Rge.	is gas actually con	nected?	When 7	980	
· •	$\begin{bmatrix} B & \end{bmatrix} $. I . 7W	yes		1	_ 	
f this production is commingled with that V. COMPLETION DATA	moin any other lea	ase or poor, gr	ve commingi	ing order number:				
······································		I Well	Gas Well	New Well Wo	nkover D	eepen Plug Back	Same Res'v Diff Re	
Designate Type of Completion	_,	<u> </u>		j	<u>i</u>		j	
Date Synidded	Date Compl. Re	rady to Prod.		Total Depth		P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth			
,			•			Tubing Extra	'	
erforations						Depth Casing	Shoe	
				on anima				
HOLE SIZE	1	A TUBING		CEMENTING	TH SET		ACKS CEMENT	
TIOCE OILE	- Onsite	9 1001110	JIEL		111 001		TORS OF ME.IT	
. TEST DATA AND REQUE	 ST FOR ALL	OWARLE		<u> </u>	····	L		
-			•	be equal to or exce	ed top allowabl	e for this depth or be fo	r full 24 hours.)	
Date First New Oil Run To Tank	Date of Test			Producing Method	(Flow, pump, g	gas lyt, etc.)	FEFIV	5
ength of Test	72' 4 1 4 4			Casing Pressure				45
angul of Test	Tubing Pressure			Casing Flexadie		Chole de	AUG1 8 1993	Ì
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.		Gas- MCF		
						Oll	LCON. D	IV
GAS WELL							DIST. 3	
Actual Frod, Test - MCF/D	Length of Test			Bbls. Condensate/	MMCF *	Gravity of Co	ndensale	
esting Method (pitot, back pr.)	Tubing Pressure	(Shut-in)		Casing Pressure (S	hut in)	Clioke Size		
O	l and a resident	,oner mij				Choke Size		
VI. OPERATOR CERTIFIC	ATE OF CO	MPLIAN	JCE		· · · · · · · · · · · · · · · · · · ·			
I hereby certify that the rules and regul			102		CONSE	ERVATION D	IVISION	
Division have been complied with and is true and complete to the best of my			:			AUG 1 8 19	193	
is not and complete to the deal of thy	Michigan and be	net.		Date Ap	proved _	HOU TOK	,	
huttle /	rutt				-	a d		
the same and the s	~~ /\				7			
Signature Scott A. Smith	V P C	neration	ns/	By			—	
Signature Scott A. Smith Printed Name	V.P. 'C	peration	ns/ Engeeri	n o	SU	PERVISOR DIS	TRICT #3	
Scott A. Smith	V.P. C	Title	Engeeri	'	SU	PERVISOR DIS	TRICT #3	

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) Uill 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 exol in multiply completed wells