

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator CENTRAL RESOURCES, INC.		Well API No. 3003922132
Address 1776 LINCOLN STREET STE. 1010, DENVER, COLORADO 80203		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Operator ☒	Casinghead Gas ☐	Condensate ☐
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. 24 A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Agreement # XXXXX SCR53
Location Unit Letter <u>E</u> : <u>1490</u> Feet From The <u>North</u> Line and <u>905</u> Feet From The <u>West</u> Line Section <u>9</u> Township <u>26N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Gary-Williams Energy Corp.	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 ☐ or Dry Gas ☒ El Paso Natural Gas	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 <u>E</u>	Sec. <u>9</u>
	Twp. <u>26N</u>	Rgr <u>7W</u>
	Is gas actually connected?	When?
	<u>yes</u>	<u>1980</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

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, RF, 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 liquid 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
			RECEIVED AUG 18 1993 OIL CON. DIV. DIST 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size

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 Title V.P. Operations/Engineering
Date 7/31/93 Telephone No. (303) 830-0100

OIL CONSERVATION DIVISION

Date Approved AUG 18 1993

By [Signature]
Title SUPERVISOR DISTRICT 13

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 well to be completed.