Submit 5 Copies
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICTII P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Operator	10 18/	ANSPORT OIL	AND NATURAL GA		In No.	1
CENTRAL RESOURCES,	Well Al'I No. 3003922132					
Addiess 1776 LINCOLN STREET		DENVER COLO	DRADO 80203			
Reason(s) for Filing (Check proper box)	31L. 1010, L		Other (Please explo	ain)	 	
New Well		Transporter of:				
Recompletion []	and the same of th	Dry Gas	1338 By 738	U 5		
Change in Operator X	Casinghead Gas					
If change of operator give name and address of previous operator Na	tional Cooper	cative Refir	nery Association,	PO Box	1404, McPh	erson, KS 6746
II. DESCRIPTION OF WELL	AND LEASE					Agreement #
Lease Name Well No. Pool Name, Inclu		ing Formation	Kind of	Kind of Lease 59838.		
Candado		24A Otero Chacra		State,(T	ate,(Federal)or Fee SCR54	
Location	1400	,	T 1	005	•	
Unit LetterE	:	. Feet From The \perp^1	NOTTH Line and	905 Fee	t From TheW	estLine
Section 9 Townshi	r 26N	Range 7W	, NMPM,		<u>Rio Arriba</u>	County
III - INCOLUBLA DIANE AND ON EN	ienangen ar a		D. L. (245)			•
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				hich approved	cany of this form is	to be sent
Name of Authorized Transporter of Oil or Condensate (XX) 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 Casing		or Dry Gas (XX)	Address (Give address to wi	hich approved o	copy of this form is	to be sent)
El Paso Natural Gas	Bircan Crass	or bij oas (XX)	PO BOX 1492,			Į.
If well produces oil or liquids,	Unit Sec.	I'wp. Rge.	37-11-1	When ?		
give location of tanks.	i i	i i "	yes	i	1980	
If this production is commingled with that	from any other lease or	pool, give comming				
IV. COMPLETION DATA						
Defining the of Co. 1 st	Joa wa	Gas Well	New Well Winkover	Deepen	Plug Back Same	Res'v Dill Res'v
Designate Type of Completion				.L I,	, <u>. </u>	
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth		P.B.T.D.	
evations (DF, RKB, RF, GR, etc.) Name of Producing Formation		Top Oil/Gai Pay		Tubing Depth		
Perforations					Depth Casing Sho	
· · · ·		= = = = ::::::::::::::::::::::::::::::				
	1		CEMENTING RECOR			
HOLE SIZE	CASING & T	UBING SIZE	DEPTH SET		SACK	S CEMENT
						
v. Test data and reques	ST FOR ALLOW	ÄBLE	. 4		<u> </u>	
	ecovery of total volume	of load oil and mus	t be equal to or exceed top all	omable for this	depth of fortal	MEINE
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pr	ump, gas lyli, el		PE A C
			<u></u>		Choke J	
Length of Test	Tubing Pressure		Casing Piessure		Choke Hize A!	UG1 8 1993
Actual Prod. During Test	Oil - Ibbis.	· · · · · · · · · · · · · · · · · · ·	Water - Bbls		Gas- MCI	CON DIV
- -					Gas-MCFOIL CON. DIV	
GAS WELL					<u> </u>	DIST. 3
Actual Pred. Test - MCF/D	Length of Test	- 	Bbls. Condensate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of Conder	Isale
-				er to a heard	***	-
l'esting Method (pitot, back pr.)	Tubing Pressure (Shu	il·in)	Casing Pressure (Shut in)	.	Clicke Size	
VI. OPERATOR CERTIFIC	ATE OF COMI	PLIANCE			<u> </u>	
I hereby certify that the rules and regul			OIL CON	1SERVA	YTION DIV	'ISION
Division have been complied with and that the information given above is true and complete to this best of my knowledge and belief.				,	NIC 1 9 100	2
			Date Approve	od	AUG 1 8 199	J
hassel	hind				1	
Signature / Signature	/ muz		By	31	.) Cham	
Scott A/ Smith	V.P. Open			SUPER	VISOR DISTR	RICT #3
Printed Name	(707) 070 011	Tille Engeer	Title			
7/31/93 Date	(303) 830-010)() ephone No.				
	and the second second second					

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
- 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 101 must be filed for each most in matrix.