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| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OL | | |
| | 5 4 3 | i | |
| OPERATOR | | | |
| PROBATION OFFICE | | | |

| | DISTRIBUTION SANTA FE FILE | · · · = | ONSERVATION COMMISSION FOR ALLOWABLE AND | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | |
|---|---|---|--|---|--|
| | U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR | AUTHORIZATION TO TRA | NSPORT OIL AND N ATURAL G | AS | |
| l. | PROPATION OFFICI: | | | | |
| | BENSON-MONTIN-GREER DRILLING CORP. | | | | |
| 221 PETROLEUM CENTER BUILDING, FARMINGTN, NEW MEXICO 87401 | | | | | |
| | Reason(s) for filing (Check proper box) New Well | Change in Transporter of: | Other (Please explain) Cha | ange of name from #2 (G-29) to | |
| | Recompletion | Oil Dry Ga | | niquito Mancos Unit | |
| | Change in Ownership | Casinghead Gas Conden | nsate | #2 (G-29) | |
| | If change of ownership give name and address of previous owner | | | | |
| | • | / FASF | | | |
| 11. | DESCRIPTION OF WELL AND LEASE Lease Name EAST BUERTO 2 Puerto Chiquito Mancos State, Federal or Fee Indian Jic. CHIQUITO MANGOS UNIT East | | | | |
| | <u> </u> | O Feet From The north Lin | ne and 1650 Feet From 1 | he east | |
| | 00 - | vnship 27N Range | lE , NMFM, Rio | Arriba County | |
| | | | | | |
| m. | DESIGNATION OF TRANSPORT | ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS There of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be | | | |
| | SHELL PIPELINE C | CORPORATION | P.O. Box 1910, Mid | | |
| | Name of Authorized Transporter of Cas | | Address (Live address to which approx | ed copy of this form is to be some | |
| | If well produces oil or liquids, | Unit Sec. Twp. Ege. | Is gas actually connected? Whe | n | |
| | give location of tanks. | K 29 27N 1E | No | | |
| IV. | If this production is commingled wit COMPLETION DATA | th that from any other lease or pool, | | Plug Back Same Resty. Diff. Resty. | |
| | Designate Type of Completion | on = (X) Oil Well Gas Well | New Well Workover Despen | Fried Back Same Nes 1. | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | Elevations (DF, RKB, FT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| | Elevations (Dr., RRB, F1, GR, etc., | Name of Frontains | | Depth Casing Shoe | |
| | Perforations TUBING, CASING, AND CE | | | Depth Costing Since | |
| | | | | A OVE CEMENT | |
| - | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| - | | | | | |
| | | | | | |
| | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a | after recovery of total volume of load oil | and must be equal to or exceed top allow- | |
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL OIL First New Oil Bur To Tonks Date of Test Producing Method (Flow, pump, gas lift, etc.) | | | | | |
| | Date First New Oil Rur To Tanks | | | 1637 138 23 7 | |
| _ | Length of Test | Tubing Pressure | Casing Pressure | CLA-(1997) | |
| - | Actual Prod. During Test | Oil-Bble. | Water - Bble. | CON COM | |
| _ | | <u></u> | | OIL CON. | |
| | GAS WELL | | | 3 | |
| | Actual Prod. Test-MC 7/D | Length of Teet | Bbls. Condensate/MMCF | Gravity of Comments | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| | | | OH CONSERVA | ATION COMMISSION | |
| VI. | VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | , 19 | |
| | | | BYBPP73CE_DISTRICT | | |
| | | | TITLE | | |
| | 1/1-1/1/ | 7 | This form is to be filed in | compliance with RULE 1104. | |
| | M/Min st | Jan | If this is a request far allow | wable for a newly drilled or deepened | |
| 4 | | President | | rdance with RULE 111. ist be filled out completely for allow | |
| - | | ile) | Il able on new and recomplisist w | eife. I III and VI for changes of owner, | |

July 20, 1981

(Date)

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.