Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Departmen

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21110.			
R & G DRILLING COMPAN											
dress c/o Walsh Engr. &											
	arming	gton, N	New M	exico	87499 Othe	r (Please explai	ın)	· - · · · · ·			
ason(s) for Filing (Check proper box)		Change in Operator from William C. Russell									
" " " "	_	to R & G DRILLING Company Effective 8/1/89									
completion \(\simega\) ange in Operator \(\simega\)	Oil Casinghea	ad Gas	Dry Ga								
hange of operator give name Willi					esa Dr.	Farmingt	on. New	Mexico	87401—		
address of previous operator							<i>,</i> -				
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Include				ding Formation	ng Formation Kind of			Lease Fed Lease No.			
ease Name Graham					de - Blanco State, Fo			ederal or Fee NM-005791			
		1 3 2 3 7	1								
ocation G	16	20	East E	rom The _	N Lips	and <u>181</u>	5 Fc	et From The _	E	Line	
Unit Letter	. :		_ 104 1				an Juan			Causty	
Section 10 Township	, 27	N	Range	: 8h	I N	MPM, Jo	all Juan			County	
				10. NI 4 00	unal CAC						
I. DESIGNATION OF TRANS	SPORTE	ER OF C	OIL AN		Address (Giv	e address to wh	hich approved	copy of this fo	rm is to be set	ni)	
ame of Authorized Transporter of Oil or Condensate					P. O.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1887 Farmington, N.M. 87499					
Giant Refining Companiance of Authorized Transporter of Casing			or Dr	y Gas X	Address (Giv	e address to wh	hich approved	copy of this fo	rm is to be set	nt)	
El Paso Natural Gas Company					P. O.	Box 4990			New Mexi	<u>ico 8749</u>	
f well produces oil or liquids,	Unit Soc. Twp. Rge.			e. Is gas actuall	Is gas actually connected? When ?						
ve location of tanks.	G	10	27			(es	i				
this production is commingled with that I	nom any o	ther lease o	r pool, g	ive commi	ngling order num	ber:					
V. COMPLETION DATA		Oil We		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X))	··· [GES WEI	i	i _	İ	Ĺ	1		
Date Spudded	Date Cor	mpl. Ready	to Prod.		Total Depth	<u> </u>		P.B.T.D.			
Sale operation		•									
levations (DF, RKB, KT, GR, etc.) Name of Producing				o a	Top Oil/Gas	Top Oil/Gas Pay		Tubing Depth			
									Depth Casing Shoe		
erforations								'			
		TURINO	CAS	ING AN	ID CEMENT	ING RECOF	RD				
HOLE SIZE	Т с	ASING &	TUBINO	SIZE		DEPTH SET			SACKS CEM	ENT	
HOLE SIZE	+ *	7.0									
	1										
			17 4 10 1	r-							
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	(ALLUV	A AUL	E ed oil and n	nusi he eaval to o	or exceed top al	llowable for ti	his depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of		/LE 0) 100		Producing N	Aethod (Flow, p	pump, gas lift	esc.)			
Date First New Oil Rull 10 tame	Tubing Pressure Oil - Bbls.					Casing Pressure Water - Bbls.			Choke Size Gas- MCF		
Length of Test					Casing Pres						
Actual Prod. During Test					Water - Bo						
l	<u> </u>										
GAS WELL					The Con-	A04CE		Gravity of	Condensate	131111	
Actual Prod. Test - MCF/D	Length of Test				Bois. Cond	Bbis. Condensate/MMCF					
	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			ε		
Tubing Method (pilot, back pr.) Tubing Pressure (Shut-in)											
VI. OPERATOR CERTIFIC	CATE	OF COM	MDI I	ANCE						ONI	
I hereby certify that the rules and reg	ulations of	The Oil Co	nservatio	M CD		OIL CO	NSER	VATION	ופועוטו	ON	
Division have been complied with an	id that the i	information	given a	bove				000 4	0 1000		
is true and complete to the best of my knowledge and belief.					∥ Da	te Approv	/ed	SEP 1	SEP 1 2 1989		
FOR: R &G DRILLING CO	OMPANY					• •			<i>⊴</i>) ∕		
EWELL N. V					− ∥ ву		<u>ہے ہے۔</u>	<u> </u>	many		
Signature Ewell N. Walsh		Ager	ıt		_		SUPE	RVISION	DISTRI	CT # 3	
Printed Name			Tit		Tit	le					
9/12/89		505 32			-						
Date			Telepho	GC 14O.	H						

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.