Submit 5 Copies
Appropriate District Office
DISTRICT I
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ι.		O THAN	ISPORT O	L AND NA	I UHAL GA		bi Na			
Operator BILLCO ENERGY SEE.						Well /	API No.			
Address	- D O	D 202	O Formir	aton Nov	Movico	87//01				
214 East Apache Street Reason(s) for Filing (Check proper box)	, P.O.	BOX 303	oo, Falinii	Oth	r (Please expla	in) 7	m TIC	Dos	- 4 × /	
New Well		Change in Ti	ransporter of:	<u>д</u>	(+RO			CA / 6	
Recompletion	Oil		Dry Gas	70	150	ULDEN	e Alano	50Z ~	6	
Change in Operator	Casinghead	Gas 🗌 C	Condensate							
If change of operator give name and address of previous operator Holc	omb Oil	and Ga	as, Inc.,	P.O. Box	2058, Fa	rmingto	on, New M	exico 8	37499	
II. DESCRIPTION OF WELL	AND LEA	SE				1				
Lease Name Boulder Mancos		Well No. P	ool Name, Inclu Boulder I			State	tate, Federal or Fee JAT 240			
Location	00	10		Courth	000	198	et From The	Factor	wst	
Unit Letter N	.:99	<u> </u>	eet From The	Lim	and	Fe	et From The	East	Line	
Section 26 Township	28N	I R	tange 1W	, N	MPM, Ric	Arriba	a		County	
III. DESIGNATION OF TRANS				URAL GAS		ish sussained	comp of this for	m is to be s	·m()	
Name of Authorized Transporter of Oil or Condensate P.O. Box 12999, Scottsdale, AZ										
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids,	Unit						When ?			
give location of tanks. If this production is commingled with that f	F		28N 1W	aling order num	her					
IV. COMPLETION DATA	iom any one	ir rease or po	or, give contains	gring Order dam.						
Designate Type of Completion -	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	same Res'v	Diff Res'v	
Date Spudded		l. Ready to P	rod.	Total Depth	·		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fort	nation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe			
		TIDDIG 6	TA CINIC AND	CEMENTI	NC DECOR	<u> </u>	<u> </u>			
		SING & TUE		J CEMEN II	CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE	CAS	SING & TOE	SING SIZE		DEFINGET			SAONS SEMENT		
	ļ									
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE							
OIL WELL (Test must be after re	ecovery of to	ial volume of	load oil and mu	ist be equal to or	exceed top allo	wable for th	is depth or be fo	or full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Tes	st		Producing M	ethod (Flow, pi	ump, gas lift,	eic.)			
Length of Test	Tubing Pre	ssure		Casing Press	Casing Pressure			GEI	VE	
Actual Frod. During Test	Oil - Bbls.			Water - Bbls	Water - Bbls			GLACF JUL 1 0 1991		
•										
GAS WELL							716.		77.W	
Actual Prod. Test - MCF/D	Length of	l'est		Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
lesting Method (pitot, back pr.)	Tubing Pre	saure (Shut-i	n)	Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIANCE		011 000	1000				
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above					9 49 1991					
is true and complete to the best of my knowledge and belief.					Date Approved 202 29 1391					
BILLCO ENERGY LTH.					ByOriginal Signed by CHARLES GHOLSON					
Signature Title					Title DEPUTY OIL & GAS INSPECTOR, DIST. \$13					
David Tentler		(Owner	- 11	<u> DELOTIC</u>	VIZ CE CHILD				
Date 7/18/91 325	-340	1 seeb	hone 325-34	U4						

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.