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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

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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l.		0 1117	11401	OITI CIL	AITO MA	011712 07					
Denor Bonneville Fuels Corporation							Well API No. 3004506316				
Address 1600 Broadway, Suit	e 1110,	Denv	er C	0 8020	2						
Reason(s) for Filing (Check proper box)					Othe	t (Please explai	(A)		· · · · · · · · · · · · · · · · · · ·		
New Well		Change in	Transr	orter of:	_		,				
Recompletion	Chang	Change of Ownership Effective 8-1-89									
Recompletion Oil Dry Gas Change in Operator X Casinghead Gas Condensate						Change of Operator Effective 3-8-90					
						y merger					
II. DESCRIPTION OF WELL			. 11	ic., suc	C62201 D	y merger	to dui	1 011 0	orporac	1011	
Lease Name Well No. Pool Name, Includi					ng Formation			Kind of Lease		Lease No.	
					Kutz Pictured Cliffs			State, Federal or Fee		SF-078089	
Location Unit Letter0	. 850)	Feat	From The	S Line	and1,	850 _{Fe}	et From The	E	Line	
22 27N 11L								San Juan County			
	· · · · · · · · ·		Rang			ирм,	<u>, , , , , , , , , , , , , , , , , , , </u>		all Ouall	County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU			. .				
Name of Authorized Transporter of Oil None		or Coader	15246		Address (Giv	e address to wh	ich approved	copy of this f	orm us to be se	N)	
Name of Authorized Transporter of Casing Gas Company of New		or Dry Gas 🔀			Address (Give address to which appro- Fidelity Union Tow						
If well produces oil or liquids,	Unit Sec.		Twp. Rge.		Is gas actually connected?		When	?			
give location of tanks.					<u> </u>	Yes	<u> Un</u>	known			
If this production is commungled with that I IV. COMPLETION DATA	from any oth	er lease or	pool, į	give comming!	ing order num	er:					
Designate Type of Completion	- (X)	Oil Well	ı	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resv	
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth	<u> </u>	4,	P.B.T.D.			
Elevauous (DF, RKB, RT, GR, etc.)	(DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>			Depth Casing Shoe			
T CITCO MAJORIA											
	7	TUBING	. CAS	SING AND	CEMENTI	NG RECOR	Ď				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
HOLE SILE											
								<u> </u>			
										name area i ai . w. M	
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E							
OIL WELL (Test must be after t	ecovery of to	otal volum	of loa	d oil and mus	be equal to o	exceed top all	owable for th	is depth or be	for full 24 ho	wrs.)	
Date First New Oil Run To Tank	Date of Te					lethod (Flow, p					
									~ • •		
Length of Test	Tubing Pressure				Casing Pressure			CBOKADEZ			
					Water - Bbla			Gag- MCF		<u></u>	
Actual Prod. During Test	Oil - Bbls.							MAR1 F.			
GAS WELL								- 201	CON	IV	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condeducts DIST.			
esting Method (pulos, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
some mental (bear be)											
VL OPERATOR CERTIFIC						OIL COI	NSERV	ATION	DIVISION	ON	
I hereby certify that the rules and regu											
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					D-1	MAR 1 5 1990					
11			_		Dat	e Approve	ea				
Theo !	Tnos	nh	In				3.	s d			
Signature		· · · · · · · · · · · · · · · · · · ·	一		∥ By_		ميده	, ,	- ~		
Greg Twombly		P:		dent			SUPER	ISOR DI	STRICT	13	
Pronted Name March 13, 1990		(3)	∕ Tid 03)	e 863-155	5 Title	9				····	
Date			lephor								
					. ! L						

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.