

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Bonneville Fuels Corporation		Well API No. 3004506382
Address 1600 Broadway, Suite 1110, Denver CO 80202		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Change of Ownership Effective 8-1-89
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	Change of Operator Effective 3-8-90
Change in Operator <input checked="" type="checkbox"/>	If change of operator give name and address of previous operator Chevron U.S.A. Inc., successor by merger to Gulf Oil Corporation	

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. Scott Federal	Well No. 9	Pool Name, including Formation W. Kutz Fruitland Gallegos	Kind of Lease State (Federal) or Fee	Lease No. SF-078089
Location Unit Letter E : 1,850 Feet From The N Line and 790 Feet From The W Line Section 23 Township 27N Range 11W, NMPL San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland TX 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Bldg., Dallas TX 75270
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	Yes Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv	Diff Resv
		X				X		X
Date Spudded 7/7/61	Date Compl. Ready to Prod. 1/18/88	Total Depth 6,774'		P.B.T.D. 1,851'				
Elevations (DF, RKB, RT, GR, etc.) 6,337' GL	Name of Producing Formation Fruitland	Top Oil/Gas Pay 1,728'		Tubing Depth 1,674'				
Perforations 1,728' - 33' 2 SPF, 1,736' - 44' 2 SPF				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 - 5/8	211	150
7 - 7/8	4 1/2	6761	450
	2 3/8	1674	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tank N/A	Date of Test 1/18/88	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
MAR 19 1990

GAS WELL

Actual Prod. Test - MCF/D 17.92 2/5	Length of Test 2 hrs.	Bbls. Condensate/MMCF -0-	Oil Cons. Div DIST 2
Testing Method (prior, back pr.) Flowing	Tubing Pressure (Shut-in) 25 FTP	Casing Pressure (Shut-in) 150 FCP	Choke Size 1/2"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Greg Frombly President
Printed Name Greg Frombly Title
Date March 19, 1990 Telephone No. (303) 863-1555

OIL CONSERVATION DIVISION

MAR 19 1990

Date Approved

By

Title

SUPERVISOR DISTRICT # 9

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.