Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRA	ANSP	ORT OI	L AND NA	TURAL G					
Among Dungdunghing Communication								I API No.			
Address								04507429			
1670 Broadway, P. O.	Box 800	, Denv	er, (Colorad			· · · · · · · · · · · · · · · · · · ·				
Reason(s) for Filing (Check proper box) New Well		Change in	Transpo	orter of:		et (Please expl	ain)				
Recompletion Oil Dry Gas											
Change in Operator	Casinghea	ad Gas	Conde	nsate X							
If change of operator give name and address of previous operator		 									
II. DESCRIPTION OF WELL AND LEASE											
PRICE	Well No. Pool Name, Includi 1 BASIN (DAK							Lease No.			
Location		1	BASI	N (DAK	JIA) FED.			ERAL SF078390			
Unit Letter K : 1767 Feet From The FSL Line and 1495 Feet From The FWL Line											
Section 13 Township 28N Range 8W , NMPM, SAN JUAN									County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate MERIDIAN INC.						Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4289, FARMINGTON, CO 87499					
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
EL PASO NATURAL GAS COMPANY					P. O. BOX 1492, EL PASO, TX 79978						
If well produces oil or liquids, give location of tanks.			Twp. Rge.		is gas actually connected? When			7			
If this production is commingled with that	from any oth	er lease or	pool, giv	e commingl	ing order num	ber:					
IV. COMPLETION DATA		<u>-</u>	,								
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to		Prod.		Total Depth		i	P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					Der				epth Casing Shoe		
						Depart Casing Gloc					
	CEMENTI	NG RECOR	D								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	TEOD	HOWA	DIE		<u> </u>						
				il and must	be equal to or	exceed top allo	wable for thi	depth or be	for full 24 hour	x.)	
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 Date of Test Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing December				Casing Pressu			Choke Size	Choke Size		
201647-01-1-00	Tubing Pressure				Casing 1 tessu	16		Choice Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL								CIL	en en Substante		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Confernate			
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casina Prassu	m /Shut in)		Chôkê Size			
Tuonig Fressure (Strut-in)					Casing Pressure (Shut-in) Choke Size						
VI. OPERATOR CERTIFICA				CE	ے ا		CEDV	ATION		. K.1	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.						Approved	4				
1 1 21 st.					Date ApprovedAUG (17 7989						
Significant Con Significant Co					By						
J. L. Hampton Sr. Staff Admin. Suprv.					Dust, Chang						
Printed Name Title 7/28/89 303-830-5025						· <u>-</u>	SUPER	VISION	DISTRICT	# 3	
Date			hone No								

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.