Submit 5 C spies
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, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

000 Rio Brazos Rd., Aztec, NM 874	REQU	UEST FO	OR AI	LLOWAE	BLE AND	NUTH	ORIZ	ATION				
name of the second of the seco		TO TRA	NSP	ORT OIL	AND NA	TURA	L GA		DI Na			
Bonneville F	Bonneville Fuels Corporation						Well API No. 30045524550					
dress 1660 Lincoln	1660 Lincoln Street, Ste 1800, Denver, C											
ason(s) for Filing (Check proper be	ox)		T	6	Othe	r (Pleas	e explai	in)				
w Well completion	Oil	Change in	Dry G									
ange in Operator	Casinghe	ad Gas	Conde	<u></u>								
hange of operator give name	Camping	#U O#S [Contac	110210				· · · · · · · · · · · · · · · · · · ·				
address of previous operator				<u> </u>								
DESCRIPTION OF WE	LL AND LE		12									
Scott Federal	Well No. Pool Name, Includi 16 Basin Fru				State				Lease Lease No. SF078089			
ation		110	L Bas	SIII FIU	ILIANG C	Oal						
Unit LetterL	:15	20	Feet F	rom The	S Line	and _	1120) Fe	et From The	Е	Line	
Section 24 Tow	mship 27N		Range	11W	, NI	ирм,	Sar	n Juan			County	
. DESIGNATION OF TR	ANSPORTI	ER OF OI	IL AN	ID NATU	RAL GAS							
me of Authorized Transporter of C		or Conden				addres	s to whi	ch approved	copy of this f	orm is to be se	ent)	
me of Authorized Tonggoods of C	agingheed Co-		0° D	Gae	Address (Circ		• 10 m.L.	ch approved	conv of this f	orm is to be	ent)	
Gas Company of New Mexico					Box 18	iorm is to be se 13	ini)					
well produces oil or liquids,	Unit				Is gas actually connected?			When				
e location of tanks.	1		L	1	⊥ YE	5_						
nis production is commingled with COMPLETION DATA	that from any ot	her lease or	pool, gi	ve comming	ing order num	er:					·····	
		Oil Well		Gas Well	New Well	Work	over	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complet			i_	X	İ		İ		X	İ	IX	
te Spudded		npl. Ready to			Total Depth	201	_		P.B.T.D.	1917		
10-21-80	20 11-7-92				ZO63 Top Oil/Gas Pay							
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					'	•			Tubing Depth 1835'			
Fruitland Coal					1859				Depth Casing Shoe			
1859-1863'												
TUBING, CASING ANI									01000 00000			
HOLE SIZE		CASING & TUBING SIZE				BEPTH SET 85 2024				SACKS CEMENT SO 375		
	173											
27/8					1835							
TEST DATA AND REQ	UEST FOR			,	└	900			60 R [67		
	fter recovery of						ор 🗭	Per I	dishaba	or full 24 hou	ers.)	
te First New Oil Run To Tank	Date of T	est			Producing M	tho		miles as office	ic.)	<u>u</u>		
ngth of Test	Tubing P	Tubing Pressure			Casing Pressure NOV1 2				Onoide Size			
ctual Prod. During Test	Oil - Bbls				Water - Bbls				Cas MCF			
On Dois.					Water - Bbls. OIL CO				1, 3			
AS WELL								1 6.00				
tual Prod. Test - MCF/D	Length of	Test			Bols. Conder	sate/MI	JOF		Gravity of	Condensate		
229	Tuk! 5	24 hrs Tubing Pressure (Shut-in)			Casing Pressure (Shut-in) Reg				Choke Size			
iting Method (pitot; back pr.) BP flow Tes	T. Tuoing P	90 Feg			-	118				18/64"		
I. OPERATOR CERTI	FICATE O	F COM	PLIA	NCE			201	10551			7 N I	
I hereby certify that the rules and	regulations of th	e Oil Conse	rvation		11 .	-			AHON	DIVISIO	NIC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					1/-17-92					W 17	1002	
is true and complete to the best of	iny knowledge	aiki Deliel.			∥ Date	App	rove	d	<u> IYL</u>	11 1	1992	
	Mal	4.			1	. (/ \	> >				
Signature	.1				By_		>	<u>/·</u>	\	Divice = =		
Doris Maly	Engine	ering T		<u>ician</u>				/	SUPE	RVISOR D	ISTRICT #	
Printed Name 11-11-92		(303)	Title 863	-1555	Title							
Date			ephone									

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.