Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Amesia, 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 \neg

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	<u> </u>	UIHA	11121	ON I OIL	און טווא.	UNAL GA	TWAIL	PINO.			
Operator WEST LARGO CORP.	37	199					1	-045-277	73		
Address	<u></u>					_					
6638 W Ottawa Ave	#100	Li	ttle	ton (CO	80123					
Reawo(s) for Filing (Check proper box)		Change in	Teer	nder of:	Out	s (Please expla	w)				
New Well			Dry G								
Recompletion	Oil Casinghead		Conde	_							
f change of operator give name					1603	SW 37th	St	Topeka	KS	66611	
ad address of previous operator	ncline R		es,	THC •	1003	UN JILII	いし・	LOJICKA	, NO	00041	
I. DESCRIPTION OF WELL Lease Name 1416		SE Weil No.	Pool N	lame, laciudu	ng Formation			V Lesse		ase No.	
Warren Gas Com "A"	7	#1	Bas	sin Fru	itland C	oal 716	19 19	Federal NO	K SF077	123	
Location Unit LetterK	. 1890		Feat F	room The So	outh Lie	and 1470	Fo	et From The .	West	Line	
						_	an Juan			County	
Section 13 Township			Range			<u>ирм, S</u>	air Juair			Coding	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Coade		ND NATU	Address (Gir	e address to wi	uch approved	copy of thus	orm is 10 be se	nı)	
	of Authorized Transporter of Casinghead Gas or Dry Gas (X) El Paso Natural Gas					Address (Give address to which approved copy of this form is to be sent) P () Box 4990 Farmington NM 87499					
If well produces oil or liquids,						Illy connected? When?					
give location of tanks.			<u>i </u>	_i		YES		04/11	/91		
If this production is commingled with that	from any other	er icase or	pool, g	ive commung	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>i</u>		مدردی سیسی	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>	1	
Date Spudded Date Compil. Ready to Prod.					Total Depth P.B.T D.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Cas Pay			Tubing Depth			
Perforations					 	angeria de la companya de la company		Depth Casing Shoe			
	Т	UBING.	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE						DEPTH SET			SACKS CEMENT		
							* toldring				
											
V. TEST DATA AND REQUE	ST FOR A	ILOW	ARLI	7.	<u> </u>			<u></u>			
OIL WELL (Test must be after	recovery of 10	nai volumu	of load	- d oil and mus	i be equal to o	exceed top all	owable for the	s depth or be	for full 24 hou	rs.)	
Date First New Citl Run To Tank	Date of Te				Producing M	ethod (Flow, p	ump. gas lýt,	erc.)			
						C III	· 6 · 6	Choke Size			
Length of Test	Tubing Pre	CRLIT®			Casing Proje			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bolk WAR 01 1994			G MCF			
GAS WELL	<u> </u>				ا	M. Caus	i. DIV	7 1			
Actual Frod. Test - MCF/D	Length of Test				Bbis. Condense MANGET.			Gravity of Condensate			
Testing Method (puot, back pr.)	Tubing Pressure (Shui-in)				Casing Pressure (Shut-is)			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIA	NCE:		01.00	1000	ATIAL!	DIVIO	581	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and	that the info	current fo						MAR 0 1	1994		
is true and complete to the best of my WEST LARGO CORP.	EDOM/RODGE #	ng belief.			Dat	a Approve	ed				
Regul. Glalli							7	10) /		
Signature		``			Ву_		3	· / O	rang		
Roger W. Luallin	Vi	ce Pre					SUPER	VISOR D	ISTRICT	13	
Printed Name 02/22/94	013	-267-	1īde 5033		Title						
Due 02/22/94	713		lephone								
					1.1						

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.