

5 Copies
District Office
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P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator McKenzie Methane Corporation		Well API No. 30-045-27839
Address 1911 Main Suite 255 Durango, CO 81301		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Angel Peak 24L	Well No. 9	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, <u>Federal</u> or Fee	Lease No. SF 077952
Location Unit Letter <u>L</u> : <u>2075</u> Feet From The <u>S</u> Line and <u>1285</u> Feet From The <u>W</u> Line Section <u>24</u> Township <u>27N</u> Range <u>10W</u> , <u>NMPM</u> , <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
El Paso Natural Gas	P.O. Box 4990 Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? When?
		no

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	Mud Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 9/10/90	Date Compl. Ready to Prod. 10/15/90	Total Depth 2135		P.B.T.D. 2089				
Elevations (DF, RKB, RT, GR, etc.) 6213 GR 6204	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 1925		Tubing Depth 1999				
Perforations 1925-43, 1945-55, 1966-71, 2014-17, 2030-54				Depth Casing Shoe 2128				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8", 24#		270'		250 sx			
7 7/8"	4 1/2", 10.5#		2128'		445 sx			
	2 3/8", 4.7#		1999'		n/a			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
		DEC 26 1990	

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GAS WELL

Actual Prod. Test - MCF/D 283	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate n/a
Testing Method (pilot, back pr.) 2" prover	Tubing Pressure (Shut-in) 200	Casing Pressure (Shut-in) 200	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 R.J. Sagle
Printed Name R.J. Sagle Op. MGR.
Date 12/24/90 Title 303-385-4654
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 29 1991

By Barry D. Chang
Title SUPERVISOR DISTRICT #3

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.