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Appropriate District Office  
DISTRICT I  
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 Bonneville Fuels Corporation	Well API No. 30-045-28395
Address 1660 Lincoln Street, Denver, CO 80264	
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 Fullerton FEDERAL	Well No. 32	Pool Name, Including Formation BASIN Fruitland	Kind of Lease State, Federal or Fee	Lease No. SF 078094
Location Unit Letter <u>G</u> : <u>1450</u> Feet From The <u>N</u> Line and <u>1700</u> Feet From The <u>E</u> Line Section <u>14</u> Township <u>27</u> Range <u>11</u> NMPM, <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 Company	P. O. Box 1492, El Paso, TX, 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					NO	10/1/91

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 Res'v	Diff Res'v
		<input checked="" type="checkbox"/>						
Date Spudded 12/10/90	Date Compl. Ready to Prod. 2/9/91		Total Depth 2200'		P.B.T.D. 2125'			
Elevations (DF, RKB, RT, CR, etc.) 6194 RKB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1729		Tubing Depth 1822'			
Performances 1729-1926					Depth Casing Shoe 2187			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 7/8	8 3/8	305	200 SK
7 7/8	5 1/2	2187	310 SK
	2 3/8	1822	

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 by 1/4 or 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
			SEP 26 1991
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	GAS
			OIL CON. DIV
			DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 413	Length of Test 4 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back press	Tubing Pressure (Shut-in) 210	Casing Pressure (Shut-in) 220	Choke Size 54/64"

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 Doris Maly Engineering Tech.  
Printed Name Doris Maly Title 303-863-1555  
Date 9/20/91 Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 27 1991  
By Original Signed by CHARLES GHOLSON  
Title DEPUTY OIL & GAS INSPECTOR, DIST. #

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.