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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Sonneville Fuels Corporation</u>	Well API No. <u>30-045-28486</u>
Address <u>1660 Lincoln St, Ste 1800, Denver, Co 80264</u>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" 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 <u>Scott E Federal 25</u>	Well No. <u>32</u>	Pool Name, including Formation <u>Basin Truffand</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF 078089</u>
Location Unit Letter <u>B</u> : <u>1190</u> Feet From The <u>N</u> Line and <u>1510</u> Feet From The <u>E</u> Line Section <u>25</u> Township <u>27N</u> Range <u>11W</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)		
<u>EL PASO NATURAL GAS Co</u>	<u>Po Box 1492, EL PASO, TX 7997X</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
			<u>N</u>
			When? <u>10/23/91</u>

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"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>1/9/91</u>	Date Compl. Ready to Prod. <u>9-9-91</u>	Total Depth <u>2000</u>	P.B.T.D. <u>1848</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6102 GR</u>	Name of Producing Formation <u>Pictured Cliffs</u>	Top Oil/Gas Pay <u>1754</u>	Tubing Depth <u>1732' KB</u>					
Perforations <u>1754 - 1767</u>			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 7/8</u>	<u>301' KB</u>	<u>190</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>1918' KB</u>	<u>290</u>
<u>—</u>	<u>2 3/8</u>	<u>1732</u>	<u>—</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of top 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

GAS WELL

Actual Prod. Test - MCF/D <u>473</u>	Length of Test <u>3hr</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) <u>Bp</u>	Tubing Pressure (Shut-in) <u>170</u>	Casing Pressure (Shut-in) <u>270</u>	Choke Size <u>5 1/4</u>

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.

Doris Maly  
Signature  
DORIS MALY Engineering Tech  
Printed Name  
Date 9/19/91 Telephone No. 303-863-1555

OIL CONSERVATION DIVISION

Date Approved DEC 16 1991

By Original Signed by FRANK T. CHAVEZ

Title \_\_\_\_\_

- 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.