Submut 5 Copies
Appropriate District Office
DISTRICT 1
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 Hottom of Page

## OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II P.O. Drawer DD, Anesi	P.O. Box 2088 Santa Fe, New Mexico 87504-2088						
DISTRICT III 1000 Rio Brazus Rd., A	REQUEST FOR ALLOWABLE AND AUTHORIZATION						
I. Operator	TO TRANSPORT OIL AND NATURAL GAS						
1 •	JCTION COMPANY 300452524700						
		COLORADO 8020	1				
Reason(s) for Filing (C New Well	heck proper box)	Change in	Transporter of:	Other (Please	explain)		
Recompletion	Change in Transporter of:  Oil Dry Gas						
Change in Operator		Casinghead Gas	Condensate X				
If change of operator gi and address of previous	ve name operator						
II. DESCRIPTIO	N OF WELL	AND LEASE					
FULLERTON 6	As Com	Well No. 1E	Pool Name, Including BASIN DAKO	TA (PRORATED		Lease Federal or Fee	Lease No.
Location Unit Letter	P	790	Feet From The	FSL Line and	790 Fee	t From The	FEL Line
Section	34 Township	28N	Range 13W	, NMPM,	SAN	JUAN	County
A		SPORTER OF O					
1	onized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)						
MERIDIAN OI Name of Authorized T	INC. 3535 EAST 30TH STREET, FARMINGTON, CO. 8740:  ansporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)						
EL PASO NAT				P.O. BOX 149			'8
If well produces oil or give location of tanks.	liquids,	Unit Sec.	Twp, Rge.	Is gas actually connected	ed? When	?	
[	nmingled with that f	rom any other lease or p	pool, give commingle	ng order number:			
IV. COMPLETI	-						
Designate Type	of Completion -	Oil Well	Gas Well	New Well   Workov	ver Doepen	Plug Back   San	ie Res'v Diff Res'v
Date Spudded		Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB,	RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth	
Perforations	Depth Casing Stoe						
	TUBING, CASING AND CEMENTING RECORD						
HOLE	 \$ize	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
		T FOR ALLOWA		ha annal to or exceed to	on allowable for this	doubt or he for fi	JI 24 hours 1
Date First New Oil Ru		Date of Test	of load oil and mist	re equal to or exceed top allowable for this depth or be for full 24 hows) Producing Method (Flow, pump, gas lyt, etc.)			
Length of Test		Tubing Pressure		Casing Pressure		Choke Size	E [D]
Actual Prod. During 7	est	Oil - Bbis.		Water - Bbls.	K	W. McJ	
GAS WELL					J	)L 5 1990	
Actual Prod. Test - M	CT/D	Length of Yest		Bbls. Condensate/MM	CF OIL	CON."	NV
Festing Method (pitot,	back pr.)	Tubing Pressure (Shut	·in)	Casing Pressure (Shul-		DIST	
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION							VISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				F 4000			
	e to the best of my k		Date Appr	oved	JUL 5	1990	
D. H. Shly					1 N A /		
Signature Doug W. Whaley, Staff Admin. Supervisor				SUPERVISOR DISTRICT #3			
Printed Name	Title			Title			
<u>June 25, 1</u> Date	990	303=3	830=4280 phone No.				

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.