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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

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

1000 Rio Brazos Rd., Azzec, NM 87410	,	===			vicalco 67						
I.	REQ					AUTHOR					
Operator		<u>10 In</u>	ANSF	UNIU	IL AND N	ATURAL C	AS TWa	TAPI No.			
Falcon Seaboard Oil Company						300392152400S1					
Five Post Oak Park, S	uite 14	00, Ho	uston	, Texa	s 77027				-		
Reason(s) for Filing (Check proper box)						ther (Please exp	olain)				
New Well		Change i			-		,				
Recompletion (x) Change in Operator (x) $(2-1-93)$	Oil Casinghe	ad Gas	Dry Ga:								
					ox 168,	Farmingt	on. NM 8	37499			
II. DESCRIPTION OF WELL											
Lease Name	Well No. Pool Name, Includ				ding Formation Kind			of Lease			
Conoco 29-4	6 Gobernado							of Lease No. Tederal) or Fee NM 18318			
Location	1	/. Q O				00/	2				
Unit Letter H	_ : <u></u>	480	Feet Fro	om The	north L	ne and	J F	eet From The	east	Line	
Section 19 Townshi	ir 29N		Range	4W	,,	м рм, ¹	Rio Arri	.ba		County	
III. DESIGNATION OF TRAN	SPORTE	B OE O	II ANI) Niatri	DAL CAC					•	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU Name of Authorized Transporter of Oil T Or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Gary Williams Energy Corp.					P. O. Box 159, Bloomfield, NM 87413						
Name of Authorized Transporter of Casinghead Gas or Dry Gas Williams Field Services					Address (Give address to which approved copy of this form is to be sent) 295 Chipeta Way, Salt Lake City, UT 84158						
If well produces oil or liquids, give location of tanks.				Rge.							
	H H	19	29N	1_4W		es	i	8-4-78	3 		
If this production is commingled with that IV. COMPLETION DATA	itoin any our	er lease or	pool, give	comming	ling order nurr	iber:					
Designate Type of Completing		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	- (X) Date Comp	.1				İ	<u>i</u>	j			
- · · · -	Date Comp	i. Ready to	inoa.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations											
								Depth Casin	g Shoe		
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
						· · · · · · · · · · · · · · · · · · ·					
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE					<u> </u>			
III. WELL (Test must be after re				and must	be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hour	·s.)	
c First New Oil Run To Tank Date of Test					Producing Me	thod (Flow, pu	mp, gas lýi, e	COMPANY TO THE REAL PROPERTY OF THE PARTY OF			
ength of Test	Tubing Pressure				Casing Pressure			Claresize			
								M	ART 7 19	เดา	
Actual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF			
GAS WELL	·			1				OIL	CON.		
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			DIST. ①			
elina Mahad Zaira I I I								order of concentration			
Esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	VTE OF (COMPI	IANC	, <u> </u>				<u> </u>			
I hereby certify that the rules and regulat	ions of the O	il Conserv	alion			DIL CON	SERVA	ATION E	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAD 4 4 400						
If and C					Date Approved MAR 1 1 1993						
Signature Signature					Bu 7 1						
Signature John M. Sprowls Sr. Evaluations Engr.					By Sund Chang						
Printed Name Title March 5, 1993 713-622-0055					Title		SUPERVI	SOR DIST	RICT #3		
Date Telephone No.											
					L						

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 matter