Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1930, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		TO TRA	NSP	ORT OIL	AND NATI	JRAL GA	4S					
)perator						W			ALL API NO.			
WEST LARGO CORP.	37197							30-045-28886				
Address Avia	#100			Littlet	on CO	8	0123			İ		
6638 W Ottawa Ave Reason(s) for Filing (Check proper box)	#100			пислес		(Please expl						
New Well		Change in	Transp	oner of:						i		
Recompletios	Oil	_	Dry G									
hange in Operator X	Casinghe	d Gas	Conde	1026								
change of operator give name	Inclin	e Rese	rves	. Inc.	1603	SW 37th	St.	Topeka	KS	66611		
I. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name		Well No. Pool Name, Including							of Lease No. Sederal of Fee. SF078487A			
Fed Com 31 /4	167	#1	B	asin Fr	uitland C	oal //6	29		SFU/0	40/A		
Location	1.2	10		S	outh	. 16	30 Fa	t From The .	West	Line		
Unit Letter N	_ :14	Feet From The So										
Section 31 Townshi	2 9	29N Range 8W				, NMPM, Sar			n Juan <u>County</u>			
TI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTE	or Coade	IL A!	ND NATU	Address (Give	address 10 w	h h approved	copy of thus f	orm us 10 be se	N)		
Name of Authorized Transporter of Oil		or coace.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		**					
Name of Authorized Transporter of Casin	ghead Gas		or Dr	y Cas 🔼	Address (Give address to which appr							
El Paso Natural Ga	as			_ ,	P O BOX		Farmington NM 87499					
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.	is gas actually YES	connected?	\Vhea	05/03	/93			
f this production is commungled with that	(77, 22) 2	her lesse of	<u></u>	rive comminal		<u> </u>		07,03	7 7 5			
I this production is comminged with this IV. COMPLETION DATA	from any or	DAL IOTH OL	pus, g	pve consuma	11 010 to 11 11 11 11 11 11 11 11 11 11 11 11 11	· ——	·					
		Oil Wei	<u> </u>	Gas Well	New Well	Workover	Decises	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion					Total Depth		<u></u>	BOTO	<u> </u>	.1		
Date Spudded	Date Con	Date Compil. Ready to Prod.				Total Depta			P.B.T D.			
levations (DF, RKB, RT, GR, stc.) Name of Producing Formation				26	Top Oil/One Pay			Tubing Depth				
Perforations								Depth Caus	ili 200e			
TUBING, CASING AND						CEMENTING RECORD						
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
11000												
							-					
	_							 				
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	E	<u> </u>			<u></u>				
OIL WELL (Test must be after	recovery of	lotal volum	e of loc	d oil and mus	be equal to or	exceed top a	llowable for the	s depth or be	for-full 24 hos	ws.)		
Date First New Oil Run To Tank						Producing Method (Flow, pump, gai lyf, stc.)						
Lead of Total	Tubias F				Casing Pressu	A Prince		Uho Si	#			
Length of Test	ruorag r	100mm				37	(9) 6; 0		עיע			
Actual Prod. During Test	Oil - Bbia.				Water . Bols	7	MAR 01 1	9 94 -MCF				
GAS WELL					IBble Condensate/MMCF CONCENSION OF CONDENSATE							
Actual Prod. Test - MCF/D	Length	Length of Test				Bbis. Condensais/MMCF DIST.			Colicensia			
Testing Method (pilot, back pr.)	Tubing	Tubing Pressure (Shut-is)				ure (Shut-is)		Choke Size	-			
								<u></u>				
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation					II .							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedMAR 0 1 1994							
WEST LARGO CORP.					Date	y wbbrov	BU		Λ .			
Begar W. Leelle					Rv		3.	0	ham			
Signature Roger W. Luallin Vice President					59-	SUPERVISOR DISTRICT #3						
Printed Name Title					Title	l	30 PEH	IVISUR L	// TINICI			
02/22/94	91	13-267-								<u> </u>		
Dre			elepho	ne INU.	11							

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.