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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	HEQU	TO TR	OH A ANSP	CRTO	IL AND N	ATURAL C	IIZATION BAS	1	:			
Operator SG Interests I,		Well API No. 30-045-27856										
Address P. O. Box 421,	Blanco	NM S	27412	_0/21	· · · · · · · · · · · · · · · · · · ·		L	30-043-	27030	<del></del>		
Reason(s) for Filing (Check proper box)	Dianco,	, MPI C	7412	-0421	X O	her (Please exp	daint					
New Well	Change in Transporter of:					<u> </u>						
Recompletion							Name change from Santa Rosa $4^{\pi}$ to Santa Rosa Com $4 \# 1$					
Change in Operator L.  If change of operator give name	Casinghead	Gas	Conde	05346	5a	nta Kosa	Com 4.	# 1 				
and address of previous operator				<del></del>								
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name Santa Rosa Co	Com 4 Well No. Pool Name, Inch							CA# Lease No.				
Location					itiand (	oat	Anna	NMNM86284				
Unit Letter A	1035	5	Feet Fr	non The	North	890	) ,		East			
Section 4 Terror	9W	144 704 18					Line					
Section 4 Townsh	- JW	N	МРМ,	Sai	i Juan County							
III. DESIGNATION OF TRAN	SPORTER	OF O	L AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conden	***	$\square$	Address (Git	ne address to w	hich approve	d copy of this fo	rm is to be s	iens)		
Gary-williams Energy Corporation					P. O. Box 159, Bloomfield, NM 8741							
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company					P. O. Box 4990, Farmington, NM 87499					ent)		
If well produces oil or liquide,   Unit   Sec.   Twp.					Is gas actually connected? When ?					<del></del>		
	I A L	4 1	29N	9W	<u> </u>	Yes	i	3/15	/92			
I this production is commingled with that IV. COMPLETION DATA	from any other	r lease or p	xxxi, giv	e comming	ing order num	ber:	<del> </del>					
		Oil Well		as Well	New Well	Workover	Desar	De la Parte de				
Designate Type of Completion			i		100 000	i warnet	Decpea I	Plug Back  S	ama Kas'v	Dill Res'v		
Date Spudded Date Compil. Ready to Prod					Total Depth	·	<u> </u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas 1	Pay Co.	··	Tubing Death		·		
Perforations	L							Tubing Depth				
						U	,	Depth Cappe				
	TUBING, CASING AND				CEMENTING RECORD COT SE 1992							
HOLE SIZE	CASING & TUBING SIZE					DEPTH SPT	<i>[]</i>	SACKS CEMENT				
·· <del>········</del>					DEPTH SET (			N DIVIS				
					······································							
. TEST DATA AND REQUES	T FOR AL	1.011/11	06.75							· <del></del> ,		
				! and —	ha							
OLL WELL (Test must be after re Oute First New Oil Rus To Teak	Date of Test	-0.5.5.0)	10000 00	CALL MILLS	Producing Me	thad (Flow, pur	vable for this	depik or be for	full 24 hour	78.)		
							. <b></b>					
ength of Test	Tubing Pressure				Casing Pressure			Choke Size				
ctual Prod. During Test Oil - Bbis.				<del></del>	Water - Bhis			Gas- MCF				
								Cap MCI				
GAS WELL									~; · + # ; · · · ·			
scusi Prod. Test - MCF/D	Leagth of Tax			1	Bbis. Condens	Ne/MMCF		Gravity of Cos	densate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)							142				
(Julia, 142.)	room recen	mil Liesema (2018-18)				Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFICA	TE OF C	OMPI	I A NIC	72	1	<del></del>						
I hereby certify that the rules and regular	ions of the Oil	Consensa	ion		0	IL CONS	SERVA	TION D	VISIO	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION							
	Amenife 1990 p	relief.			Date A	Approved		OCT 281	992			
Earnie a. Bage					1							
Signature					By 3.1) Chang							
Printed Name Title					SUPERVISOR DISTRICT #8							
10/22/92 (915) 694-6107 Dute Telephone No.					Title							
<del></del>		مخموره ا	NA NA	51								

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.