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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

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator SG Interests I, Ltd.	Well API No. 30-045-28263
Address P. O. Box 421, Blanco, NM 87412-0421	
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 type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 29-9-14	Well No. 2	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal, or Foreign	Lease No. SF077184
Location Unit Letter <u>N</u> : <u>935</u> Feet From The <u>South</u> Line and <u>1950</u> Feet From The <u>West</u> Line Section <u>14</u> Township <u>29N</u> Range <u>9W</u> , <u>NMPM</u> , <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)				
None					
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)				
El Paso Natural Gas Company	P. O. Box 4990, Farmington, NM 87499				
If well produces oil or liquids, give location of tanks. None	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When?
					No Approx. 2/29/92
If this production is commingled with that from any other leases 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
		X	X					
Date Spudded 11-13-90	Date Compl. Ready to Prod. 12-30-90 / 27-92		Total Depth 2701'			P.B.T.D. 2638'		
Elevations (DF, RKB, RT, GR, etc.) 5926' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2342'			Tubing Depth 2456.02'		
Performances 2342'-2346', 2356'-2368', 2371'-2381', 2419'-2432'						Depth Casing Shoe 2680'		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	262'	235 sx Class B w/2% CaCl
6 1/2"	4 1/2"	2680'	150 sx Class B w/3% Sodium Metasilicate +
	2 3/8"	2456.02'	150 sx Class B w/2% CaCl

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or for full 24 hours)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	RECEIVED FEB 7 1992 OIL CON. DIV. DIST. #3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL * Well capable of commercial production - will submit IP when tested.

Actual Prod. Test - MCF/D *	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 1100 psi	Choke Size

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.

Signature Carrie A. Baze
 Carrie A. Baze Agent
 Printed Name 02/03/92 915/694-6107
 Title
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 10 1992

By Frank J. Quigg

Title SUPERVISOR DISTRICT # 3

- 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.