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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 Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		O I NAI	13FC	ITT OIL	AND INA	0,0,0	Well A	Pl No.			
SG Interests I,	sts I, Ltd.					30-045-28713					
P. O. Box 421,	Blanco,	NM 8	37412	-0421				•			
Reason(s) for Filing (Check proper box)					Other	(Please expla	in)				
New Well	(	Change in T	ranspor	ter of:							
	Oil		Dry Gas								
Recompletion  Change in Operator	Casinghead										
change of operator give name											
nd address of previous operator		60									
I. DESCRIPTION OF WELL AND LEASE Well No.   Pool Name, Including					Establish Kind of			( Lease No.			
Lease Name Keys 29-10-29		Well No.			uitland	Coal		AMISTOCK Fee			
Location N	. 1210	)	<b>.</b>	om The So	outh Line	and167	'0 Fe	es From The	West	Line	
Unit LetterN	-:		real Pro	om ine	Libe						
Section 29 Township 29N Range 10W					NMPM,			San Jua	in	County	
III. DESIGNATION OF TRAN				D NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Giw	Address (Give address to which approved copy of this form is to be sent)									
Gary-Williams Energy	P. O. Box 159, Bloomfield, NM 87413										
Name of Authorized Transporter of Carine	Address (Give	dress (Give address to which approved copy of this form is to be sent)									
ame of Authorized Transporter of Casinghead Gas or Dry Gas X  El Paso Natural Gas Company					P. O.	Box 4990	), Farm	ington,	NM 8749	9	
If well produces oil or liquids,		Unit Sec. Twp. Rgc.				connected?	Whea	7			
give location of tanks.	N	29 j	29N	10W	No		i	Approx 3-29-93			
If this production is commungled with that IV. COMPLETION DATA	from any other	r lease or p	xxxx, giv	e comming!	ing order numb	жг	,	·			
Designate Type of Completion	- (X)	Oil Well	(	Cas Well X	New Well	Workover	Docpea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp		Prod.		Total Depth	1070		P.B.T.D.	102/.1		
8-26-92	2-22-93			1978'			1924'				
Elevations (DF, RKB, RT, GR, ac.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
5542' GL, 5555' KB		Fruitland Coal				1643'			1820'		
7.7						0.16401	16561	Depth Caring	Shoo		
1767'-1779', 1700'-1	703', 16	694'-16	697 <b>'</b>	, 1675 <b>'</b>	-1680',	۵ 1043' <b>-</b>	1020		1969'		
	TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
12 1/4"		8 5/8"			268'			230 sx Class B w/2% CaCl			
	5 1/2"			1969			35 sx Scavenger + 225 sx				
7 7/8"	5 1/2						65/35 Poz w/6% ge1 + 100				
	0.2/01				1820'			sx Class Bw/1% CF-14			
	000 DOD	2 3/8"				1820			3A 01400 DH   1/0 01 21		
V. TEST DATA AND REQUE	ST FOR A	LLOWA	ARLE					:	ha dell Selfica	a. 6.0 BA 5	
OIL WELL (Test must be after			of load	oil and mus	De equal to or	exceed top all	OWEDE FOR IN	···		W E	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, a				<b>9</b> 6	j w 🛥	
					C D.			TO LE ZA		<del></del>	
Length of Test	Tubing Pressure				Casing Press	mue		Gas- MCF	MAR1 🤄		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbla.				Water - Bbls.			CON	I. DIV	
					1				DIST	3	
GAS WELL SI - WO PI	Conn/	IP Test	t - 1	will su	bmit wh	en t <b>este</b>	d.		_		
Actual Prod. Test - MCF/D		Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pri	essure (Shu	(-in)		Casing Press	ure (Shut-ia)		Choke Size			
and the state of t		200 psi				350 psi			1/4"		
MA ODED ATOD GEOMETIC	A THE OT										
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
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.					11	41					
						Pote Approved APR 2 2 1993					
					Date Approved						
					Original Signed by CHARLES GHOLSON						
tami a. Baze						Auditu		, continues			
Signature Carrie A. Baze Agent					∥ By_	p. p.p.s. 1994.1	A. 4 CA	: DIROCCTO	DIST 2	1	
Printed Name 3/17/93 (915) 694-6107					Title	DEPUTY 	OR 5 95	SHEED COLOR	r. M51 .		
Dute	( ) *		cphone								
(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)											

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.