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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

EXACO INC.	
P.O. Box EE, Cortez, CO. 81321	
on(s) for filing (Check proper box)	Other (Please explain)
Well <input type="checkbox"/>	Previous transporter was Permian, now it is Gary Energy Corp.
Completion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Name	Well No.	Pool Name, Including Formation	Kind of Lease
Federal State Com "A"	1	Basin Dakota	State, Federal or Fee Federal
Lease No.			
NM01499			
Location			
Letter	N	800'	Feet From The S Line and 1650' Feet From The W
Section	32	Township 30N	Range 11W, NMPM, San Juan County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS			
of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Gary Energy Corp.		115 Inverness Dr., Englewood, CO. 80112	
of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.		P. O. Box 1492, El Paso Tx. 79978	
It produces oil or liquids, location of tanks.	Unit	Sec.	Twp.
	N	32	30N
			11W
Is gas actually connected?	When		
yes	12/18/64		

If production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v.
			Diff. Res'v.
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Conditions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Corrections			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE 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 be for full 24 hours)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
th of Test	Tubing Pressure	Casing Pressure
al Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

WELL			
al Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.		APPROVED _____	
BY _____		BY _____	
TITLE _____		SUPERVISOR DISTRICT 33	
SIGNED A. R. MARX		This form is to be filed in compliance with RULE 1104.	
(Signature)		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
AREA SUPERINTENDENT		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Title)		Fill out only Sections I, II, III, and VI for changes of owner.	