Submit 6 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

DISTRICT II... P.O. Drawer DD, Artesia, NM 86210

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

OIL CONSERVATION DIVISION P.O. Box 2088 Sante Fe, New Mexico 87504-2088

Energy, Minerals and Natural Resources Department

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

GENERAL ATLANTIC RESOURCES, INC									Well API No. 30-045-09408			
Address 410 SEVENT	EENT	H STRI	EET, SU	ITE 1	400 –	DENVER. (COLORA	<u> </u>				
Reason(s) for Filing (Che New Well Recompletion	ck proper b	ox)	Oil		hange in Trans Dry Gas	porter of:		Other (Plea				
Change in Operator	X		Casinghead Gas		Conden	sate						
if change of operator give ne and address of previous ope		IP PETR	ROLEUM ((AMER	ICAS), II	NC., 5847 SA	N FELIP	E. SUIT	E 3600. I	HOUSTON	TX 77057	
II. DESCRIPTIO											,	
Lease Name		Well No.	Pool N	eme, including				Kind of Lease		ee No.		
Vierson Location		1		Basin Da	akota	DIA		Federal		SF078977		
Unit Letter	Α	: -	660	Feet	From The N	Orth Line and	660	F6	et From The	East	Line	
Section	Section 19 Township		30N	Ran	ge 13	3W ,NMPM,	,NMPM, S		uan	County		
III. DESIGNATIO	N OF T	RANSP	ORTER O	F OIL	AND NA	TURAL GAS						
Name of Authorized Trans	porter of Oil		or Condi	ensate		Address (Giv	e address to w	hich approve	d copy of this	form is to be sent)	
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Co.			or Dry Gas				Address (Give address to which approve P.O. Box 1492 El Paso, To					
If well produces oil or liqui give location of tanks.	ds,	Unit	Sec.	Twp.	Rge.	is gas actually	connected?		When?			
f this production is comming			lease or pool, gi	ve comming	ling order num	ber:						
		-	Oil We		Gas Well	New Wali	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Date Spudded	Complet	on - (X)	Date Compl. F	Ready to Pro	ıd.	Total Depth			P.B.T.D.	<u> </u>	<u> </u>	
Elevations (DF,RKB,RT,GR,etc.)			Name of Prod	ucing Forms	ition	Top Oil/Gas Pa	Top Oll/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe				
			TURI	NG CA	SING AN	ID CEMENTIN	IG RECOR	30				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
			<u></u>					~~				
V. TEST DATE A		-										
OIL WELL (To Date First New Oil Run to 1		after recovery	y of total volum Data of Test	e of load oil	and must be	equal to or exceed to	op allowable for hod (Flow, pu			10 FEB 1971 19	19 R	
Length of Test	Length of Test		Tubing Pressure				Casing Pressure					
								·	uu-	JUN1 61	993	
Actual Prod. During Test			Oil — Bbls.			Water - Bbis.			Gas - MOF	CON	niv i	
GAS WELL Actual Prod. Teet - MCF/D			Length of Test			Bhle Condene	Bbls. Condensate/MMCF			Grevity of Condens		
Testing Method (outitm bi	ıcj or,)		Tubing Pressu	ire (Shut—in)	Casing Pressur	e (Shut-in)		Choke Siz			
/I. OPERATOR (I hereby certify that the r					E		OIL C	ÜNSER	VATION	DIVISIO	1	
Division have been com is true and complete to t	piled with and	d that the infor	mation given abo			Date /	Approved	J	UN 1	6 1993		
Signature						_	Original Signed by CHARLES GHOLSON					
Jim Wolfe	sident/	Operat	tions	-	∩EDI ITV	OH 2 G	as insprc	tor, dist. #	3			
5/01/93				303) 573		Title _	- VERUIT	WOL IN CO.	CENTER STATE	· which is the control of the contro		
Date	·			elephone N	u.							

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule III.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.