4 NMOCD

Submit 5 Copies
Appropriate District Office
DISTRICT J
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DISTRICT III

1 File

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

WW RIO BRAZOS KO., AZZEC, NM 8/410	
, , , , , , , , , , , , , , , , , , , ,	REQUEST FOR ALLOWABLE AND AUTHORIZATION
•	TO TRANSPORT OIL AND NATURAL GAS

Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Date Option Total Depth Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Total Depth P.B.T.D. Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CI SEP 2 6 1990 TEST DATA AND REQUEST FOR ALLOWABLE DILL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed to the producing Method (Flow, pump. 8) 18 12 12 12 12 12 12 12 12 12 12 12 12 12	seni)
Reason(s) for Filing (Check proper box)	County sent)
Reasons For Filing (Check proper box)	County sent)
New Well Change in Transporter of:	County sent)
Recompletion	County sent)
Casinghead Gas Condensate Effective 11-1-88 If charge of operator give same and address of previous operator	County sent)
If change of operator give name and address of provious operator II. DESCRIPTION OF WELL AND LEASE Lease Name	County sent)
II. DESCRIPTION OF WELL AND LEASE Lasse Name Well No. Pool Name, Including Formation Stare, Federal or (Fee) Winifred 2 Harper Hill FR Sand PC Stare, Federal or (Fee) Location Unit Letter G 1350 Feet From The North Line and 1500 Feet From The East Section 35 Township 30N Range 14W NMPM, San Juan III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to F. Paso Natural Gas Company (no change) P. O. Box 4990, Farmington, NM 8749 If well produces oil or liquids, Unit See Twp. Rge Is gas actually connected? When ? If this production is commissed with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Date Compl. Ready to Prod. Total Depth PB T.D. Elevations (OF, RKB, RT, GR, etc.) Name of Producing Formation Top Oli/Cas Pay Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SCCKS Of TUBING, CASING AND CEMENTING RECORD SEP 2 6 930 TUBING, CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD Sep 2 6 930 TOP OLI/Cas Pay Tubing Depth Sep 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2 6 930 TUBING CASING AND CEMENTING RECORD SEP 2	County sent)
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Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF	
GAS WELL	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	
esting Method (puot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
TO OPERATOR GERMANIA	
L 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 heat of my brandedee and build	
Date ApprovedSEP 4 (1990	
and Juin	
Signature By By	NC
JIDY L. Jacobs Geologist	ON
September 24 1990	
Date Telephone No.	

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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.