

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form O-104
Supersedes OHC-104 and C-
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
TRIP	
U.S. S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
OFFICE	

C & E OPERATORS, INC.

Address
4849 Greenville Ave. Suite 1100, Dallas, Texas 75206

Reason(s) for filing (check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input checked="" type="checkbox"/>

Change in Transporter from Plateau on all wells

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	8	Pool Name, Including Formation	Blanco MV	Kind of Lease	State, Federal, Fee	Fee	Lease No.
Well No.	8	Section	1000	Feet From The	South	Line and	890
Feet From The	West	Line and	890	Feet From The	West		
Section	8	Township	30N	Range	11W	County	San Juan

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 489 Bloomfield, N. Mexico 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	EPNG Co	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 1492 - El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit: 8M Section: 8 Township: 30N Range: 11W	Is gas directly connected?	Yes

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Other	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Flowing (L.P., R.R.B., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Length Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Blbls.	Water-Blbls.	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Avn. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Shut-in

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

M. W. L.
(Signature)

PRESIDENT

9/28/84

(Title)

(Date)

OIL CONSERVATION COMMISSION

NOV 01 1984

APPROVED

Frank J. ...

BY

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.
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.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Form O-104 must be filed for each pool in multiply completed wells.