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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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-111
Effective 1-1-65

Operator C & E Operators, Inc.	
Address Two Energy Square - Suite 1100 - 4849 Greenville Ave. - Dallas, Texas 75206	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" 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 type="checkbox"/>

If change of ownership give name
and address of previous owner _____

Lease Name Fee	Well No. 9A	Pool Name, including Formation Blanco MV Ext.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter B	970	Feet From The North Line and 1820	Feet From The East	
Line of Section 9	Township 30N	Range 11W	, NMPM, San Juan County	

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Plateau, Inc.		4775 Indian School Road, N.E.-Albuquerque, NM				
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 Company		Box 990 - Farmington, N.M. 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

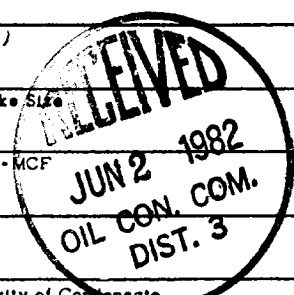
If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X						
Date Spudded 2/3/81	Date Compl. Ready to Prod. 6/27/81	Total Depth 4812'		P.B.T.D. 4767'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Blanco MV	Top Oil/Gas Pay 3797'		Tubing Depth 3805'					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		298'		165				
7-7/8"	5-1/2"		4811'		1175/250				
	1-1/2"		3805' 3806						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL		Test into Sales Line	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	1124	1124	

I. 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 above is true and complete to the best of my knowledge and belief.		APPROVED JUN 2 1982 , 19 _____	
BY Original Signed by FRANK T. CHAVEZ		BY _____	
TITLE _____		SUPERVISOR DISTRICT # 3	
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 Forms C-104 must be filed for each pool in multiply completed wells.			



L. K. Cunningham Int
(Signature)
Agent
(Title)
6/1/82
(Date)