Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Astesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	·	. 0		5. 11 	- /110 11/1		Wall	API No.			
SG Interests I,		30-045-28043									
Address P. O. Box 421,	Blance	o. NM	8741	2-0421			<u>_</u>				
Reason(s) for Filing (Check proper box)						et (Piease expl	ain)				
New Well	Change in Transporter of:										
Recompletion	Oil Dry Gas										
Change in Operator Casinghead Gas Condensate										ļ	
If change of operator give name											
and address of previous operator II. DESCRIPTION OF WELL	AND LEA	ASE						· · · · · · · · · · · · · · · · · · ·	· •••		
Lease Name		Well No. Pool Name, Include						Kind of Lease		sass No.	
Federal 30-9-34	1 Basin Fr			uitland Coal			Federal exists SF078139				
Location H 1370 F. F. D. North F. 1010 F. D. East											
Unit Letter	_ :13	: 1370 Feet From The North Line and 1010 Feet From The East								Line	
Secuioe 34 Townshi	30N Range 9W			, NMPM,			San Juan County				
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)											
	ne of Authorized Transporter of Casiaghead Gas or Dry Gas X 1 Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87412					
If well produces oil or liquids,				is gas actuall		, rarmi					
give location of tanks. None	•			~55-	No	₹	1	Approx 2-29-92			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lesse or	pool, give	commissi	ing order numi	ber:					
Designate Type of Completion	- (X)	Oil Well	0	as Well	New Well	Workover	Despea	Plug Back Sa	ine Res'v	Diff Res'v	
Date Spudded	Date Cump	d. Ready to	Prod.		Total Depth	L		P.B.T.D.		1	
12-03-90] 2	2-13-91			2600'			2562'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
5724' GL	Fruitland coal				2212'			2397'			
Perforations 2212'-2216', 2218'-2223', 2243'-224 2302'-2306', 2326'-2329', 2332'-233					8', 2262'-2270',			Depth Casing Shoe			
									2598'		
	TUBING, CASIL'S AND										
HOLE SIZE	CASING & TUBING E17E			DEPTH SET			SACKS CEMENT				
12 1/4" 7 7/8"	8 5/8"			248'			400 sx Class B w/2% CaCl				
/ //8"	4 1/2"			2599'			250 sx Class B w/2% Sodium				
	2 3/8"				2397'			Metasilicate + 150 sx Class B w/2% CaCl			
V. TEST DATA AND REQUES	T FOR A					2397		Class B w	/2% CaC	1	
OIL WELL (Test must be after r				il and must	be equal to or	exceed top allo	wable for thi	deptherence for	نتها بجهالة	1 10 50 Es	
Due First New Oil Rue To Tank	Date of Te				Producing Me	sthod (Flow, pu	mp, gas lift, e	uc)	. 13 K		
Leagth of Test	Tubing Pre	Tubing Pressure			Casing Press			Choke Siles	MAR 2	1992	
Actual Prod. During Test Oil - Bhis.				194							
•	Oil - Bbla.			Water - Bbis.			CE MOIL CON. DIV				
GAS WELL * Well capa	ble of	comme	rcial	produ	ction -	will sul	omit IP	when tes	ted	. 3	
Actual Prod. Test - MCF/D *	ble of commercial productions of Test			Bbis. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitos, back pr.)	Tubing Pre	saure (Shu	·ia)		Casing Press	ure (Shut-ia)		Choke Size			
·	<u> </u>				3	40 psi					
VL OPERATOR CERTIFIC	ATE OF	COMP	LLAN	CE							
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					MAD 0 0 1002						
is true and complete to the best of my knowledge and belief.					Date ApprovedMAR 0 9 1992						
		,			ا		<u> </u>	A			
Lanie a. Bage.					D	By Binh Cham					
Signature Carrie A. Baze Agent					177 — — — — — — — — — — — — — — — — — —						
Pristed Name Tule 2/27/92 (915) 694-6107					SUPERVISOR DISTRICT #3						
2/21/92 Date	(91		phone No	<u> </u>							
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 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.