Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SC Interests I	1+1						Well API No.				
SG Interests I	, Lta.	Ltd.					30-045-28147				
P. O. Box 421,	Blanco	, New	Mex:	ico 87	412						
ason(s) for Filing (Check proper box)				:	Oth	es (Please expl	zin)				
w Well	(Change in	Transpo								
completion	Oil		Dry G								
ange in Operator	Casinghead	Gas 🔲	Conde	nsale 🗌							
hange of operator give name address of previous operator						_					
DESCRIPTION OF WELL	ANDIEA	er-									
ase Name		Well No. Pool Name, Including Formation					Kind	of Lease		ease No.	
Federal 30-9-2		2			itland (Coal	1	Federal MATE			
atios			·						- 		
Unit LetterK	. 214	0	Feet Fr	rom The	South Lie	s and1	650 _{Fe}	et From The	West	Line	
26	. 30N			9 8W			-	San Jua	n		
Section 20 Townsh	ip Joh		Range	<u>/ / / / / / / / / / / / / / / / / / / </u>	, N	MPM,		Jan Jua		County	
. DESIGNATION OF TRAP me of Authorized Transporter of Oil None		OF O		D NATU		e address to wi	uch approved	copy of this fo	om is to be s	int)	
me of Authorized Transporter of Casis	-		or Dry	or Dry Gas X Address (Give address to which approved copy of this form is to be sent)							
El Paso Natural Gas	Company	· · · · · ·	,	<u>-</u>		Box 4990			NM 87	499	
well produces oil or liquids, s location of tanks. None	Unit S	Unit Sec. Twp.		Rge.	Is gas actually connected?			Whea? Approx 1/15/91			
nis production is commingled with that	from any other	r lease or	pool, giv	ve comming		-		.pprox 1	713771		
. COMPLETION DATA	<u> </u>				·			1			
Designate Type of Completion		Oil Well		Gas Well X	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Res'v	
le Spudded	Date Compi.				Total Depth		•	P.B.T.D.			
12/08/90	10/18/91			27001			2661'				
vations (DF, RKB, RT, GR, etc.) 5648 GR	Name of Producing Formation Fruitland Coal				Top Oil/Gas Pay 2370 *			Tubing Depth 2544 1			
forations 2494'-2506'	2442'-2448'; 2392'-2412				12'				Depth Casing Shoe		
2472'-2482'	: 2424'-	2436'	23	70'-238	32'			<u> </u>	2700 '		
					CEMENTI	NG RECOR	ע	.	1 0/40 000	CLIT	
HOLE SIZE		NG & TL		SIZE	DEPTH SET			SACKS CEMENT			
12 1/4"		8 5/8			252'			250 sx Class B 400 sx Class B			
7 7/8"		4 1/2"			ļ	2700'			sx Class	s B	
		23/8				2544					
TEST DATA AND REQUE	ST FOR A	LLOW	ABLE					<u></u>		 	
IL WELL (Test must be after									or full 24 hou	W C C	
ste First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pu	mp, gas lýt, i	4D) E	621	AE	
nigth of Test	Tubing Press	Tubing Pressure			Casing Pressure			JAN 6 1992			
ctual Prod. During Test	Oil - Bbis.			Water - Bbis.			OIL CON. Div				
AS WELL					.l			1 0.0	DIST.		
ctual Prod. Test - MCF/D	Length of To	est			Bbis. Conder	sau/MMCF		Gravity of C	ondensate		
83	24 Hours			0			_				
sting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Orifice		285 psi			285 psi			<u> </u>	1/4"		
I. OPERATOR CERTIFIC				NCE		OIL CON	JSERV	ATION	DIVISIO)N	
I hereby certify that the rules and reg Division have been complied with an				.	11					- • • •	
is true and complete to the best of my		_	-u aj u¥	•	Date	Approve	ىل_ ە	AN 08	<u> 1992 </u>	- ·- · · · · · · · · · · · · ·	
_ Garie Base						سالمانی					
Signature Carrie Baze	Ragn	lator	ν Δα-	ent	By_			y Frank T.	CUNTE		
Printed Name 1/02/92		694-6	Title	-11 L	Title		UPERVIS	OR DISTR	HCT#3		
1/02/32 Date	713/		ephone i	No.							
		1.01	-h-war	-44	- 11						

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.

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Carrier and Normania