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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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1000 Rio Grande Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>DenverAmerican Petroleum Limited Partnership</u>		Well APN No. <u>30-045-10077</u>
Address <u>410 17th Street, Suite 1600, Denver, CO 80202</u>		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	
Recompletion ☐	General Atlantic Resources, Inc.	
Change in Operator ☒	If change of operator give name and address of previous operator <u>410 17th Street, Suite 1400, Denver, CO 80202</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State Gas Com BH 14402</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Dakota 71599</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>38755</u>
Location Unit Letter <u>M</u> : <u>900</u> Feet From The <u>S</u> Line and <u>870</u> Feet From The <u>W</u> Line Section <u>32</u> Township <u>31N</u> Range <u>13W</u> <u>NMOMA</u> San Juan County				

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 be sent) <u>Giant Oil Co</u> <u>P.O. Box 256, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) <u>El Paso</u> <u>304 Texas St., P.O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec <u>32</u> Twp <u>31</u> Rge <u>13</u> Is gas actually connected? <u>Y</u> When? <u>12/65</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Saddle Riv	Diff Riv
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.S.T.D.		
Elevations (DP, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Factors						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 that well or 2470 bbl)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Production	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Cond.
Testing Method (gauge, back pr.)	Tubing Production (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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 best of my knowledge and belief.

John L. Schmidt
Signature
John L. Schmidt, Pres. Denap, Inc. G.P.
Printed Name
6/2/92 (303) 534-2331
Date Telephone No.

OIL CONSERVATION DIVISION

JUN 2 1 1993

Date Approved

By [Signature]

Title SUPERVISOR DISTRICT #3

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.