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

DISTRICT II P.O. Drawer D.D., 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 Brazo: Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

• .		TO TRA	NSF	PORT OIL	<u>. AND NA</u>	ΓURAL G.	AS					
perator .						Well A						
GREAT WESTERN DRI	RILLING COMPANY					30			0-045-27248			
2550 La Plata	Hwy, Fa	rmingt	on.	NM 8740)1							
eason(s) for Filing (Check proper box) lew Well		Change in	Trans	porter of:	Oth	er (Please expl	lain)					
ecompletion	Oil		Dry (
hange in Operator	Casinghea	d Gas		lensute 😾								
change of operator give name d address of previous operator												
	AND TE	ACE										
DESCRIPTION OF WELL	AND LEA	Well No.	Pool	Name, Includ	ng Formation	·	Kind	of Lease	i L	ease No.		
PUBCO STATE COM	1-A Blanco Mes				State			Federal or Fee	E-5 <u>38</u>	8150 ⁻¹¹³		
ocation												
Unit LetterI	_ :	935	_ Feel	From The	East Lin	and <u>169</u>	<u>0</u> Fe	et From The _	South	Line		
Section 36 Townshi	p JIN	e e	Rang	e 11	w .n	мрм,	San Juar	า		County		
1												
I. DESIGNATION OF TRAN	SPORTE			ND NATU			**.*					
Name of Authorized Transporter of Oil Giant Refinery Co.	·						Address (Give address to which approved copy of this form is to be sent)					
ame of Authorized Transporter of Cacinghead Gas or Dry Gas					P. O. Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)							
El Paso Natural Gas (-				1		NM 87401					
f well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. Rge.				Is gas actuall		When					
this production is commingled with that	from any cih	er lease or	<u></u>	nive comming	ing order num							
V. COMPLETION DATA	nom any cu	CI JORNO UI	pco., į	give withining	ing order nam							
		Oil Wel	ı	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<u></u>			Total Depth			ĻJ		_1		
ale Spudded,	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top OlVGas Pay			Tubing Depth				
erforations ! .								Depth Casing	g Shoe			
· · · · · · · · · · · · · · · · · · ·	า	TIRING	CAS	ING AND	CEMENITI	NG PECOE		<u> </u>				
HOLE SIZE	7	SING & T			CLIVILIVII	DEPTH SET		<u> </u>	ACKS CEM	ERT		
i iii	1						·	<u> </u>	ACTO CEN			
		·····										
					<u></u>							
TOPOTO E A TOP A NO. DECAUSE	TOD A	TIOW	ADI		<u></u>			<u>!</u>				
.; TEST DATA AND REQUES IL WELL. (Test must be after t					be equal to or	exceed top all	lawable for th	v denth or is f	6 11 7 d 16 m)		
Dal: First New Oil Run To Tank	Date of Te		0) 104	2 011 0720 7720,	Producing 7							
<u> </u>					1	od o	EIN					
ength of Test	Tubing Pre	ssure			Casing Press	lt.		Cnoke Size				
shal Dand Farrian Tord	O'L PUL				Water - Bbls	-JUL;	२ 🖫 ।५९०	Gas- MCF	-			
chiel Prod. Laring Test	Oil - Bbls.				Mariel - Doir			Gas- MICF				
	<u>ــــــــــــــــــــــــــــــــــــ</u>			· · · · · · · · · · · · · · · · · · ·	1	UIL C	JW. D	 \/				
GAS WELL Letter Frod Test - MCF/D	Length of	Test			Bbls. Conde	Isite/MMCE	ST. 3	Gravity of C				
					Dois. Couce	isawii i i i i i i i i i i i i i i i i i i		Glavity of C	ondensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
•					<u> </u>							
I. OPERATOR CERTIFIC							NOFF	ATION	711/1/21/	7. 5.1		
I hereby certify that the rules and regularity with and					1		NOEKV	ATION !	JIVISI(JIN		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						· A mm===	~ .	JUL 2	7 1990			
DRA					Date	Approve	ea					
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XI.C.Vary	1				11 211							
Sinature D. E. Baxter	Aro	a Suna	2777	sor	By_				many.			
	Are	a Supe	ervi Tide					RVISOR	DISTRIC	T #3		
D. E. Baxter		27-049	Title		Title				DISTRIC	T #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 token 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.

 A) Security Form C-104 must be filed for each pool in multiply completed wells.