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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TC	TRANS	SPOR	RT OIL /	AND NAT	JHAL G		180			
enior SG Interests I, Ltd.						Weil API No. 30 045 27470					
ddress P.O. Box 421, Blanco, N	м 8741	.2									
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	C Oil Casinghead (hange in Tra	ry Gas ondensa	ike 🗌	01	(Please expl	herge	ouly	7/.00		
change of operator give name nd address of previous operator Rich	mond Pe	troleu	a In	c, P.O.	. Drawer	2039,	Farmingte	on, NM 8	7499		
I. DESCRIPTION OF WELL A	ND LEAS	SE					Kind of	Tana -	l lea	se No.	
Lease Name Bloomfield 52-6 -10	Well No. Pool Name, Includin 1 Basin Fruir								ederal of Fee		
Location F Unit Letter	1470	F	eet Fro	m The	orth Line	18 20d	15 F∞	it From The _	West	Line	
Section 10 Township	32N	P	ange	6W	, ١١٨	IPM,	San Juan			County	
III. DESIGNATION OF TRANS	SPORTER	OF OIL	ANI	NATUI	RAL GAS	address to	vhich approved	copy of this fo	rm is to be ser	:1)	
Name of Authorized Transporter of Oil		0. 00.00									
ame of Authorised Transporter of Casinghead Gus or Dry Gaz					Address (Give oddress to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			ls gas actuall	y connected?	When					
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or p	∞1, giv	e commung!	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New Well	Workover	Дсереп	Plug Back	Same Res'v	Pill Rus'y	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top OiVG2: Pay				Tubing Depth		
:rforations								Depth Casi:	ng Shoe		
					CEMENT	ING REC	ORD		SACKS CEN	ACNY	
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SAORO OLMENT		
					<u> </u>						
			. 77.7 1				1,				
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR .	ALLUW Ioiai volume	ABLE of load	s Loil and mu	si be equal to	or exceed to;	allowable for ti	his depth or he	for full 24 be	W PE FE	
Date First New Oil Run To Tank						Method (Flow	v, piimp, gas lýl	DEGET			
Length of Test	Tubing Pressure				Casing Pre	sure		NOV 5 1991			
Actual Prod. During Test	Oil - Bbls.				Water - Bb	is.		OIL CON. DIV.			
GAS WELL									\ DIST.	3	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pro	essure (Shut-	a)	Choke Si	ic		
VI. OPERATOR CERTIFI I hereby certify that the rules and rep Division have been complied with a is true and complete to the best of n	gulations of the	he Oil Const formation gi	ervation	1	Da		ONSER'		1 DIVIS 1991	ION	
Latricia a. Siels						By_ 3 chang					
Signature Patricia A. Sills Agent Printed Name Title					- :	tle		aniso b D	ISTRICT	13	
10/25/91 Date				325-55	505			1-		man at 100 km common con com	
			o company		range in bearing or a		وحد استدعا وسعادا فأجامه سداء المراء	the retain the street, and services in section in	The second second second	The state of the s	

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.