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

8 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Well API No.					
GREAT WESTERN DRIL	LLING CO.					30-045-27788					
Address										ļ	
2550 La Plata Hwy,	Farmi	ngton,	NM 87	7401			<del></del>				
Reason(s) for Filing (Check proper box)					Other	(Please expla	in)			İ	
New Well		Change in	-								
Recompletion	Oil	H	Dry Gas	<del></del>							
Change in Operator	Casinghe	ad Gas	Condens	ate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL A	NDIF	ASE									
Lease Name	Well No. Pool Name, Includin						(Lease No.				
MUDGE "A"				itland Coal Su			Federal or Fee SF-078040				
Location		J									
Unit Letter : 860 Feet From The North Line and 810 Feet From The East Line											
										County	
Section 10 Township	311	1	Range	11W	, NM	PM,	San J	uan		County	
THE DESIGNATION OF TRANSPORTED OF OU AND NATIONAL CAS											
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)											
Halife of Munorized Transporter or On											
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)					1)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas  El Paso Natural Gas Co.				P. O. Box 4289, Farm							
If well produces oil or liquids,			Twp.	Rge.	ls gas actually connected?		When	When ?			
give location of tanks.	<u> </u>	10_	31N	11W	No			WO El Paso			
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA							<del></del>	1 8 8 1 1-		Diff Bash:	
Designate Trace of Completion	œ	Oil Well	0	ias Well	New Well	Workover	Deepen	Plug Back  S	ame Kes'v	Diff Res'v	
Designate Type of Completion		nl Beader	D	<u>X</u>	X Total Depth	<u> </u>	I	PRTD		I	
Date Spudded	Date Compl. Ready to Prod.			2830			2780	P.B.T.D.			
10-3-90	11-19-90			Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)	1	Name of Producing Formation			2373–2634			2660			
5959 GR Perforations	Basin Fruitland Coal				, 23/3-2034				Depth Casing Shoe		
	2563-	68. 250	1-93	2609-	26. 2628	-34					
2307-74, 2307-09,	09, 2563-68, 2591-93, 2609-26, 2628-34 TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET		SA	SACKS CEMENT		
121"		8-5/8"			261			354 си.	354 cu. ft. class "B"		
7-7/8"	4½"			2830				737 cu. ft. 65/35 poz			
							236 cu. ft. class "G"				
	2-3/8"			2660	)						
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE							•	
						be equal to or exceed top allowable for this depth or be for full 24 hours;					
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pi	ump, gas iyi,	end file in				
d of To-	TOFOSIVE			R Pressu	TP		Choke Size	Choke Size 2 4004			
Length of Test	Tubing Ports W E 1 V E			and Pressure			AU	Choke SixUG 2 0 1991			
Actual Prod. During Test	d. During Test Oil - Blas. CED Q 0 1001				Water - Bbis.			Gas MCF	GHUSE CON. DIV.		
Actual Flore During Test	Oil - Blank SEP 0 9 1991.						OIL				
	J	0117	CON	. DIV		/DIST. 3					
GAS WELL	11 2-24					MARCH.		Geruiu -CC-	idenesia.		
Actual Prod. Test - MCF/D	Length of		DIST.	3	Bbls. Condens	MEGININICI"		Gravity of Cor		<b>*</b>	
2450	24 hr. Tubing Pressure (Shut-in)			Casing Pressi	ne (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)				Casing Pressure (Shut-in) 360				3/4"			
Flowing	115		DI 141	CC	1 36	U		3/4"			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
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.					SEP 0 9 1991						
State has	Date	Date Approved									
Soliette ( ) Catherine						1 - 3 N d /					
Signature					By	By But Chang					
Roberta Matthews Clerk Printed Name Title					SUPERVISOR DISTRICT #3						
Printed Name Title 8-9-91 327-0494'										<del></del>	
Date Telephone No.											
					И						

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.