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Appropriate District Office
DISTRICT J
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 ON DIVISION At Bottom of Page

OIL CONSERVATION DIVISION SERV

REC: ZED

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 91 SEP R

AM 9 21

DISTRICT III	Santa re, New Mexico 87504-2988 91 SEP	Б
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATI	ON
I.	TO TRANSPORT OIL AND NATURAL GAS	

I.	•	TO TRA	NSPORT O	L AND N	ATURAL C					
Operator  CUEAT HECTERN DR							API No.	0107	·	
GREAT WESTERN DR	LLLING C	υ.	. <del></del>				30-045 <b>-</b> 2	44	<u> </u>	
0%%) La Plata Hwy	, Farmi	ngton,	NM 87401			<b>D</b>	ECE	AE	<u>M</u>	
Reason(s) for Filing (Check proper box)				O	her (Please exp	lain)			IJ	
New Well	0.1		Transporter of:				MAR21	1994		
Recompletion	Oil Casinghea	_	Dry Gas U							
If change of operator give name	Changnes	OM	Confedente			<del></del>	L CON	. OW.		
and address of previous operator		····					DIST	Q		
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name MUDGE GAS COM "A"		<del></del>	<b>Pool Name, Includ</b> Basin Fr	-			of Lease , Federal or Fe	.	286 No.	
Location		<u>+</u> l.	240111 11	GICIANA	COAL	<u>_</u>	·	SF-U	78040	
Unit Letter	_ :17	7 <u>40</u> 1	Feet From The	South Li	ne and89	<u> 90                                     </u>	eet From The	West	Line	
Section 11 Townsh	ip 31N	1	Range 11W		мрм,	San Jua	n		County	
III. DESIGNATION OF TRAP										
Name of Authorized Transporter of Oil		or Condens	ate	Address (Gi	ve address to w	hich approve	d copy of this f	orm is to be s	eni)	
Name of Authorized Transporter of Casin	ighead Gas		or Dry Gas	Address (Gi	ve address to w	hich approve	d copy of this f	orm is to be s	ent)	
El Paso Natural G	as Co.			P. O.	Box 428	9, Farm	ington,	NM 8749	9	
If well produces oil or liquids,	Unit		• •		ly connected?	Whe	n 7			
give location of tanks.	11	11	31N   11W	No.			WO El Pa	so		
If this production is commingled with that IV. COMPLETION DATA	from any other	ricase or po	ol, give comming	ing order num		<del></del> .	<del></del>			
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Pandy to P		X Total Depth	<u> </u>	J	P.B.T.D.	l	_l	
10-13-90		Date Compl. Ready to Prod.			2988			2940		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Z988 Top Oil/Gas Pay			Tubing Depth		
6102 GR	Fruitland Coal			2522-2778			2782			
Perforations							Depth Casing Shoe			
2522-24, 2735-41,							N.	one		
	-,		ASING AND	CEMENTI			<del></del>			
HOLE SIZE	· <del>  · · · · · · · · · · · · · · · · · ·</del>	ING & TUB	ING SIZE	DEPTH SET			SACKS CEMENT			
12½"		8-5/8"			262			330 cu. ft. 2% CaCl		
7-7/8"	<del> </del>	411		2988			702 cu. ft. 65/35 poz			
		-3/8"		2	782	<del> </del>	177 cu. ft. class "G"			
V. TEST DATA AND REQUES			BLE		702		l			
OIL WELL (Test must be after r	ecovery of tola	al volume of	load oil <mark>and mu</mark> st	be equal to or	exceed top allo	owable for th	is depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pu			i li li li	T T T G T A . I	
							1:11			
Length of Test	Tubing Press	Tubing Pressure			Casing Pressure			Chôse Size III		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			GIL CON. DIV.			
GLC WELL	<u> </u>				·		(///	DIST.	J	
GAS WELL Actual Prod. Test - MCF/D	Length of To	est		Bbls. Conden	sate/MMCF		Gravity of C	ondensate		
1140				0			0			
Testing Method (pitot, back pr.)	24 hr Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Flowing	119			346	5		3/4"			
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE		NI 001	10ED\(	ATIONI	21) (1010	. N. I	
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above				Date Approved AUG 2 0 1991						
is true and complete to the best of my i	mowledge and	beliel.		Date	<b>Approve</b>	d HU	J & U K	<i>1</i> 01		
John The Market										
Signature V TOOK KUUS				By						
Roberta Matthews Clerk				SHI FRVISOR DISTRICT # 3						
Printed Name	<u>327-04</u>		itle	Title						
<u>8-9-91</u> Date	<u> </u>		one No.							
		· · · · · · · · · · · · · · · · · · ·		tL						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or despend well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) A<sup>11</sup> sections of the 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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