Submit 5 Copies
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 at Bottom of Page

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

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

Operator		TOTHA	INSP	ORTO	L AND NA	TURAL G			 .		
Operator CDEAT MESTERM DRILLING CO.						Well API No.					
GREAT WESTERN DRILLING CO. Address						30-045-28125					
2550 La Plata	Hwy, Fa	rmingto	n, N	M 8740							
Reason(s) for Filing (Check proper box) New Well		~	~		∐ Oil	ner (Please exp	lain)				
Recompletion	Oil	Change in	•								
Change in Operator	Casinghe	-4 Coe 🗀	Dry G								
If change of operator give name and address of previous operator	Cangre	20 025	Conde				··· · · · · · · · · · · · · · · · · ·				
II. DESCRIPTION OF WELL	. AND LE	ACF				······································			·		
Lease Name	ame, includ	ding Formation Kind			of Lease Lease No.						
								Le, Federal or Fee SF-078096			
Location Sr-0/8096											
Unit Letter	_:14	400	Feet Fr	om The _	North Lin	e and _ 1720	D·	Feet From The	East	Line	
Section 23 Township 31N Range 11W , NMPM, San Juan County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil		or Condens	iale		Address (Giv	e address to wi	hich approv	ed copy of this j	form is to be s	ini)	
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)										
El Paso Natural Gas Co.					Box 4289, Farmington, NM 87499						
If well produces oil or liquids, give location of tanks.	of tasks			Rge.	is gas actually	y connected?	Whe	. 7			
If this production is commingled with that	(IDM any oth	23	31N	11W	l No			WO El Pa	so		
IV. COMPLETION DATA	non aly ou	or rease or p	ooi, giv	e community	ing order num	er:					
		Oil Well	- C	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	<u>İ</u>	Ţίν	X	Х		i			j Kesv	
Date Spudded	Date Comp	d. Ready to I	Prod.		Total Depth		<u> </u>	P.B.T.D.	······	<u> </u>	
	11-10-90 2-5-91					2680			2605		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Fruitland Coal					Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
5838 GR Fruitland Coal Perforations					2256-2482				2485		
2256-59, 2311-13, 2448-53, 2456-76, 2478-					0.0				Depth Casing Shoe		
						IC PECON		None			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET						
121"	8-5/8"							SACKS CEMENT			
7-7/8		41,"			259 2676			395 cu. ft. class "B" 496 cu. ft. 65/35 poz			
2-3/8"					2485	·		1220 - 64.	350 cu. ft class "G"		
V. TEST DATA AND REQUES OIL WELL (Test must be after re								 _			
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of tole	al volume of	load oi	l and must l	be equal to or e	xceed top allow	wable for th	is depth or be fo	or full 24 hour.	s.)	
Date I has been Oil Roll 10 Jank	Date of Test				Producing Met	hod (Flow, pun	np, gas lift,	uch) Kiz	6	7 5	
ength of Test	Tubing Press			2 2 6	Cusing Pressur			-103	3 1 1		
-	l doing i los			9 5 2	essing a tesson	•		Charle Size	G2 0 199		
Actual Prod. During Test	Oil - Bbls.		<u> </u>	0 0 10	Water - Bbls		·	Gas-MCF	U X U 199	<u>'</u>	
	Oil - Bbls. SEP 0 9 19								OIL CON. DIV.		
GAS WELL OILCON.					Call	·			DIST. 3		
Actual Prod. Test - MCF/D	Length of Te	est			Bbls. Condensa	te/MMCF		Gravity of Co	ndensate	 1	
429	24 h		_		0				Λ	1	
esting Method (pitot, back pr.)	Tubing Press	ture (Shut-in))		Casing Pressure	(Shut-in)		Choke Size	<u> </u>		
Flowing	50				245			3/	4"		
I. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONCEDIATION -						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					SEP 0 9 1991						
tack by					Date Approved						
Lowerta I Tallhera					By Bin) Chang						
Signature Roberta Matthews Clerk					By Brand S. Chang						
Printed Name Clerk Title					SUPERVISOR DISTRICT #3						
8-9-91	Title										
Date		327-049 Telepho									

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
- 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.