Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 882-10

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 4-1-89 See Instructions at Bultom of Page

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

## OIL CONSERVATION DIVISION 1.O. Box 2088 Santa Fe, New Mexico 87504-2088

NST BICT III IOO Rio Diazos Rd., Aztee, NM 87	7410		CAICO 07504-20						
•	REQUESTIF	JAWOJJA FIC	SLE AND AUTI	HONIZA	NTION				
Diseasor 10 THANSI ON FOLLAND NATURAL GAS						Alil No.			
address					0-045-28185				
P.O. Box 800, Denv									
leason(s) for Filing (Check proper )		11	Other (l'lea	we explain	,			·····	
lecompletion []		Transporter of:							
Jiange in Operator	Casinghead Gas								
change of operator give name ad address of previous operator					<u></u>				
. DESCRIPTION OF WI	ELL AND LEASE							····	
case Name	Well No.	l'ool Name, Includ	ing Formation		Kind c	of Lense	ما	ase No.	
Isabel "A"		Basın Fru	itland Coal	Gas	State	Federal or Fee	SF-07	85 <b>0</b> 9	
Unit Letter	;2270'	Feet From The	N Line and	1420	) <b>,</b>		E		
Section 30 To	wushin 32N	OFT	talle and _		i	et From The		Line	
		Range 9W	, MYIMM,		San Jua	n		County	
II. DESIGNATION OF T	RANSPORTER OF O	IL AND NATU							
<u> </u>		sale	Address (Give addr	ess to whic	h opproved	copy of this for	n is to be se	nt)	
lame of Authorized Transporter of	Casingliend Cas	or Diy Gas X	Address (Give addr	ess to whic	h opproved	copy of this for-	n is to be	nt)	
21 Paso Natural Gas  well produces oil or liquids,   Unit   Sec.   Then   Days			P. O. Box 4990, Farmin			agton, NM 87499			
location of tanks.  Unit Sec. Twp. Rg		Twp. Rgc.				en 7			
this production is commingled with	n that from any other lease or	pool, give comming	ling order number:						
V. COMPLETION DATA	·				<del></del>	······································	·		
Designate Type of Comple	ction - (X)   Oit Well	Gas Well	New Well Wor	kover	Deepen	Plug Dack S	nne Res'y	Dill Res'v	
Jate Spudded	Date Compl. Ready to		Total Depth	l_	i	10075		<u></u>	
11/25/90	6/5/91			3432'		P.B.T.D.	432'		
levations ( <i>DF, RKII, RT, GR</i> , etc.) 6612 GR		Name of Producing Formation		Top Vil/ Cat l'ay		Tubing Depth			
6612 GR Fruitland Coal			3148'			3141' Depth Casing Shoe			
Open Hole Completion	on, no perfs or f	racs.	OH 3148-	-343	2	Depart Casing ;	Slive	•	
HOLE SIZE	TUBING,	CASING AND	CEMENTING R	ECORD		!		<del></del>	
12 4"		CASING & TUBING SIZE 9 5/8"		DEPTH SET			SACKS CEMENT		
8 ½"	7"			3148			165 sx Cl G w/2% CaCl <sub>2</sub> 536 sx Cl B		
	2 3/8"		3141'			Western, tail w/100sx			
. TEST DATA AND REQ	OUEST FOR ALL GIVE	A Tri iz	Cl B West	ern Co	lo. ta	1		./ 1003A	
IL Will (Test must be a	offer recovery of total volume	of load oil and must	be coual to or excee.	l ton allow	أراد مناطقة	character of			
Pate First New Oil Run To Tank	Date of Test		Producing Method (	Flow, pwn	p, gas lýi			200	
ength of Test	Tubing Pressure	Tubing Pressure		Carlos D.			DECEIVED		
	1 00 mg 1 162 2016	Tuoning Pressure		Casing Pressure			Minoke Size JUL1 2 1991		
ential Prod. During Test	Oil - Ubls.	Oil - Ųbls.		Water - Ubla			Gas- NICI		
1101000						<b>DIL CO</b>	N. DI	V.	
IAS WELL	11:					DIS	T. 3 ··		
2178'	Length of Test		libis. Condensate/hi	MCI:		Gravity of Cor	densate		
esting Mediod (pitot, back pr.)	Tubing Pressure (Shul	:in)	Caking Pressure (Sh	::::::::::::::::::::::::::::::::::::::		/ 4	0		
Flowing	840	·	860	····		Clicke Size 21/6	54		
1. OPERATOR CERTI	FICATE OF COMP	LIANCE				J		!	
I hereby certify that the rules and Division have been complied with	1 30d that the information atom	ration en above	OIL	CONS	SERVA	D NOITA	IVISIC	N	
is true and complete to the best of my knowledge and belief.			Dala Amana I			11 9 1 1001			
III Illes			Date Approved			JU 3 1 1991 ·			
Signatur Staff Admin. Supervisor			ByOriginal Signed by			CHARLES GHOLSON'			
Printed Name (303) 830-4280 Title						INSPECTOR, DIST. #3			
7/10/91			TitleD	EPUTY O	R & GAS	INSPECTOR, I	D1. <b>∰</b> 3		
Due (Salazar)	Tele	phone No.					•		
	form is to be filed in c	/\tag{\tag{\tag{\tag{\tag{\tag{\tag{	15 6 9 4 4 5 4			1	t the work to be to the	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	
<ol> <li>Request for allowable with Rule 111.</li> </ol>	for newly drilled or dec	epened well mus	st be accompanied	I by tabu	lation of	deviation to-	je jalan !-	. 1933444	
2) All regions of the r				,		introff (CS)	w mken ii	i accordanc	

2) All sections of this form must be filled out for allowable and an analysis and an analysis