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

| 1000 Rio Brazos Rd., Aztec, NM 87410 | DEOL | IEST E | | LOWAR | BLE AND A | NITHODI | フォエロハ | | | | |
|--|--|----------------------|--------------|------------------------------|--|--|----------------|--------------------------|-----------|-------------|--|
| I. | | | | | | | | | | | |
| TO TRANSPORT OIL AND NATURA Operator | | | | | | | Well API No. | | | | |
| GREAT WESTERN DRILLING CO. | | | | | | | 30- | 045-27925 | | | |
| Address | | | | | | | | | | | |
| 2550 La Plata Hwy | <u>, Farmi</u> | ngton, | NM 8 | 7401 | | - /D! | | | | | |
| Reason(s) for Filing (Check proper box) New Well | | Change in | Tonnen | wter of: | U Othe | t (Please expl | aun) | | | | |
| Recompletion | Oil | Cilable | Dry G | | | | | | | | |
| Change in Operator | Casinghea | d Gas | Condet | | | | | | | | |
| If change of operator give name | | | <u></u> - | | | | | ···· | | | |
| and address of previous operator | | | | | | | | | | | |
| | ESCRIPTION OF WELL AND LEASE Name Well No. Pool Name, Include | | | | | | l v:- | of Lease No. | | | |
| Lesse Name MUDGE "A" | 1 | | | | | | | Federal or Fee SF 078040 | | | |
| Location 2 | | 1 | рав | III FIU | itiana co | Jai | | | 1 51 0 | 70040 | |
| Unit Letter | , 15 | 20 | Feet Fr | om The | South Line | and 935 | . 1 | eet From The | West | Line | |
| | | | | | | | | | | | |
| Section 10 Township | <u>31N</u> | | Range | 11W | , NM | 1PM, | San Jua | ın | <u> </u> | County | |
| III. DESIGNATION OF TRAN | CPADTE | D OF O | II AN | D NATTI | DAL GAS | | | | | | |
| Name of Authorized Transporter of Oil | | address to wi | hich approve | d copy of this for | m is to be so | ens) | | | | | |
| | | | | | | | | | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | ent) | |
| | El Paso Natural Gas Co. | | | | Box 4289, Farmington | | | NM 87499 | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | i | is gas actually | connected? | Whe | | | | |
| f this production is commingled with that i | [mm anv ot] | 10 | 31N | 1 11W | No No | | | WO El Pa | .so | | |
| V. COMPLETION DATA | TOTAL MALLY COLO | ici icasc oi | poor, gar | e conmandigi | ing order name | <u></u> | | | | | |
| | | Oil Well | | Gas Well | New Well | Workover | Deepen | Plug Back S | ame Res'v | Diff Res'v | |
| Designate Type of Completion | · (X) | i | • | X | j x j | , | i | | | | |
| Date Spudded | Date Comp | ol. Ready to | Prod. | _ | Total Depth | | | P.B.T.D. | | | |
| 11-19-90 | 11-22-905-17-91 | | | | 2910 Top Oil/Gas Pay | | | 28 | 2868 | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | · - | | | Tubing Depth | | | |
| 6022 GR Fruitland Coal | | | | | 2406-2706 | | | 2733 Depth Casing Shoe | | | |
| 2409-10, 2464-66, | 2488-9 | 0. 260 | 9-10. | 2656- | 58. 2669- | -93. 270 | 4-06 | None | | | |
| | | | | | CEMENTIN | | | 1 None | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | | DEPTH SET | | | SACKS CEMENT | | | |
| 121" | | 8-5/8 | | | 262 | | | 295 cu. ft. class "B" | | | |
| 7-7/8" | 4 ½ 11 | | | | 2909 | | | 434 cu. ft. 65/35 poz | | | |
| | | | | | | | | gel +177 cu. ft. class | | | |
| TEST DATA AND DECLIES | 2-3/8" EST DATA AND REQUEST FOR ALLOWABLE | | | | | 33 | ···· | 1 +217 | | | |
| OIL WELL (Test must be after re | | | | il and must | he equal to or e | exceed top ollo | wahla for th | ie denth an ha Car | G.II 24 b | 1 | |
| Date First New Oil Run To Tank | Date of Tes | | 0) 1000 0 | d tha man | Producing Met | | | | THE TOTAL | W E IN | |
| | | | | | | , | ,,. | 17 12 1 | | | |
| Length of Test | th of Test Tubing Pressure | | | | Casing Pressure | | | Chord Size | 0.0.0.10 | 01 | |
| | | | | | | | | AUG 2 0 1991 | | | |
| Actual Prod. During Test Oil - Bbls. | | | | | Water - Bbls. | | | OL CON. DIV. | | | |
| | L | | | | | | | | हाडा. उ | | |
| GAS WELL Actual Prod. Test - MCF/D | , | | | | | ··· + 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- | | | | , | |
| 1460 | Length of Test | | | Bbls. Condensate/MMCF | | | Gravity of Cor | densate | | | |
| esting Method (pitot, back pr.) | 24 hr Tubing Pressure (Shut-in) | | | () Casing Pressure (Shut-in) | | | O Chake Cha | Choke Size | | | |
| Flowing | 130 | | | 360 | | | 1 | | | | |
| /I. OPERATOR CERTIFICA | · | COMP | TAN | CE | 200 | | | 1 3 | /4' | | |
| | | | | CE | 0 | IL CON | SERV | ATION D | IVISIO | N | |
| 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. | | | | | Date Approved AUG 2 0 1991 | | | | | | |
| John Market | | | | | Date | , thu o age | - | | ···· | | |
| Signature all beins | | | | | By 3 day | | | | | | |
| Roberta Matthews | J | | | | ¥ | | | | | | |
| Printed Name | Title SUPERVISOR DISTRICT #3 | | | | | | | | | | |

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

327-0494

8-9-91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.