Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

## Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III	عاتند	1 C, 11CW 141	CXICO 075	04-2000	5 F2	S. 1 12	( ),	1	
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR	ALLOWAE	BLE AND	AUTHORI	ZATION			, !	
I.	TO TRANS				_				
Operator 21ST CENTURY INVE	571o	a . \			API No. -045-11478				
Address c/o Walsh Engr. &	Prod. Corp.	37	<del></del>			1.7	<del></del>		
204 N. Auburn F	armington, New	<u>Mexico 8</u>		(8)	1137 .	11/1/2-12	<u> </u>	<u> </u>	
Reason(s) for Filing (Check proper box)  New Well	Change in Tran	sporter of:		er (Please expla	•	:/ 	T		
Recompletion	Oil Dry					t Century ceet, Tul			
Change in Operator 🖾		densate [		21.45 12.	2/LII 5LI	.eet, lul	sa, uk	74114	
If change of operator give name and address of previous operator Gran	d Resources, In			•		00 Tulsa	, OK	74136	
II. DESCRIPTION OF WELL		7610		<u> ر 30 کو م</u>	0274	250			
Navajo "A" \ 505\ 3 Pool Name, includid Gallup, Me						of Lease No. Federal or Fee 14-20-603-583			
Location	0/5			7.5		Indian			
Unit Letter A		From The	North Lin	e and	) Fc	et From The	East	Line	
Section 15 Township	p 32N Ran	ge 18W	N	мрм,	San	Juan	·	County	
III. DESIGNATION OF TRAN	SPORTER OF OIL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate			Address (Give address to which approved copy of this form is so be sent)					•	
Giant Refining Company						n, New Mexico 87499			
Name of Authorized Transporter of Casing	thead Gas or D	ory Cas [	Address (Giv	e oddress to wi	hich approved	copy of this for	n w to be se	~!)	
If well produces oil or liquids, give location of tanks. SE/4	Unit   Sec.   Twp   SE/4   14     321		أاد وعد عطبيا	y connected?	When	?		<del></del>	
If this production is commingled with that	from any other lease or pool,	give comming!	ing order num	ber					
IV. COMPLETION DATA	John I		1	1 11/					
Designate Type of Completion	- (X)   Oil Well	Gas Well	New Well	Workover 	Deepen	Plug Back   S.	ame Rea'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod	1.	Total Depth			P.B.T.D.		-	
Elevations (DF, RKB, RT, GR, atc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth				
						Septi			
Perforations						Depth Casing	Shoe		
	TUBING, CA	SING AND	CEMENTI	NG RECOR	.D	<u> </u>			
HOLE SIZE CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT .				
		<del></del>			<del></del>	ļ <u></u>		<del></del>	
					<del></del>				
V. TEST DATA AND REQUES	T FOR ALLOWABL	E .	1			· <del></del>			
	recovery of total volume of la	ad oil and must				s depth or be for	full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, pi	一世	'6 LI	JEII	1	
ngth of Test Tubing Pressure		Casing Pressure			Choke Size				
			NO Water - Bolk			0V2 2 1993			
Actual Prod. During Test	Oil - Bbls.								
	<u> </u>		I		<u>er</u>	-	DV_		
GAS WELL  Actual Prod. Test - MCF/D	Length of Test		Thu Conde			Dist. 3			
Manual Lion Los Allicias			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	ATE OF COMPLI	ANCF	1			1	<del>,</del>		
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			NOV 2 2 1993						
is true and complete to the best of my knowledge and belief.  FOR: 21ST CENTURY INVESTMENT COMPANY				Approve	od	10 4 6 6 1	JJJ 		
210-1				• •		\ ~1	/		
Signature 3 C mil	```	L.	By_		3	L) 以			
Printed Name	Signature Paul C. Thompson Agent			SUPERVISOR DISTRICT #8					
Printed Name Title 11/16/93 505 327-4892			Title						

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

Date

- 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.

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.