Submit 5 Copies
Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Total Depth Top Oil/Gas Pay Tubing Depth	1.	TO TR	RANSPORT (OIL AND NATURA						
Reason(s) for Filing (Check proper box) Change in Transporter of: Change in Transporter of Change in Transporter of: Change in Transpo										
Reason(s) for Filing (Check proper box) Change in Transporter of: Change in Transporter of: Change in Transporter of: Change in Operator Change in Transporter of: Change in Tran		n St. #1000,	Denver, C	0 80203	····		· · · · · · · · · · · · · · · · · · ·	~******		
If change of operator give name and address of previous operator Interest Company Company	Reason(s) for Filing (Check proper box) New Well Recompletion	Change	in Transporter of:		se explain)					
II. DESCRIPTION OF WELL AND LEASE Lease Name Storey Well No. Pool Name, including Formation State, Federal or Fee SF078051A Location Unit Letter P : 1190 Feet From The South Line and 940 Feet From The East Line Section 34 Township 32N Range 11W NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) For Paso Natural Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) For Paso Natural Gas Po Box 1492, El Paso, TX 79978 If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ? Yes 9/77 When ? Yes 9/77 If this production is commingled with that from any other lease or pool, give commingling order number: 1V. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res' Diff Res'v Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	If change of operator give name]	- C+ #1000	D	00 0	2002		
Storey Well No. 2 Pool Name, Including Formation Blanco Pictured Cliffs State, Federal or Fee SF078051A	and address of previous operator Nillipark of the and as company, 1380 Lincoln 30. #1000, Denver, CO 80203									
Location Unit Letter P : 1190 Feet From The South Line and 940 Feet From The East Line Section 34 Township 32N Range 11W , NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas PO Box 1492, E1 Paso, TX 79978 If well produces oil or liquids, pive location of tanks. Unit See. Twp. Rge. Is gas actually connected? When? Yes 9/77 If this production is commingted with that from any other lease or pool, give commingting order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	Lease Name	Well No	Pool Name, Inc.	uding Formation			L	ese No.		
Section 34 Township 32N Range 11W , NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) PO Box 1492, E1 Paso, TX 79978 If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? Yes 9/77 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	· · · · · · · · · · · · · · · · · · ·	2	Blanco	rictured Cliff:	S State,	Federal or Fee	SF078	3051A		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	Unit Letter P: 1190 Feet From The South Line and 940 Feet From The East Line									
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas PO Box 1492, El Paso, TX 79978 If well produces oil or liquids, pive location of tanks. Pes Is gas actually connected? When? Yes 9/77 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Compl. Ready to Prod. Date Compl. Ready to Prod. Total Depth P.B.T.D. Tubing Depth	Section 34 Township 32N Range 11W , NMPM, San Juan County									
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Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth			to Prod.	_i i		<u> </u>		<u></u>		
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Perorations Depth Casing Shoe					Tuoming Depart					
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TUBING, CASING AND CEMENTING RECORD	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE									
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT	TIOLE SIZE	CASING & I	OBING SIZE	DEFIN	VEF IN SET			OAOIGO CEIVICHT		
V. TEST DATA AND REQUEST FOR ALLOWABLE	V TEST DATA AND REQUES	TEOR ALLOW	ARLE							
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)	OIL WELL (Test must be after re						full 24 hour	s.)		
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	Date First New Oil Run To Tank	Date of Test		Producing Method (FI	ow, pump, gas lift, e	<i>(c.)</i>				
Length of Test Tubing Pressure Casing Pressure Casing Pressure	Length of Test	Tubing Pressure		Casing Pressure	PECEINED					
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF	Actual Prod. During Test	Oil - Bbls,		Water - Bbis.	<u> </u>	4	y y	<u>-</u>		
GAS WELL MAR 1 2 1990	GAS WELL					L MARI	2 1990			
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF QHaity CondensateDIV.	Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MM	CF.	1		V.		
Festing Method (pitot, back pr.) Tubing Pressure (Shui-in) Casing Pressure (Shui-in) Choke Size	Festing Method (pilot, back pr.)	Tubing Pressure (Shu	π- <u>(</u> υ)	Casing Pressure (Shul-	Casing Pressure (Shul-in)		Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE	VI. OPERATOR CERTIFICA	ATE OF COM	PLIANCE							
Division have been complied with and that the information given above	I hereby certify that the rules and regulations of the Oil Conservation			OILC	OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief	is true and complete to the best of my ki	Date Appr	Date Approved							
Wiffine 7 1 A	uff) d	/						
WILLIAM T. KRIEG, PRESIDENT	WILLIAM T. KRIE	By								
Printed Name		Title		- OUN DIS	HICT	r 3 				
Date Telephone No.	Date	Tel	lephone No.			Marrier year and a				

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 with Rule 111.
- 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.