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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

DISTRICT II P.O. Drawer DD, Artesia, 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 TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 3004523396600S1 Western Interior Corporation Address 1700 Broadway, Suite 520, Denver, CO 80290-0501
Reason(s) for Filing (Check proper box)

Other (Pi Other (Please explain) Change in Transporter of: New Well Dry Gas Effective December 1, 1992 Recompletion Casinghead Gas Condensate Change in Operator 1660 Lincoln St., #2700, Denver, CO 80264 Kimbark Oil & Gas Company, If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Pool Name, Including Formation
Ute Dome - Paradox 1-40. Lease Name State, Federal or Feex MM00101125-A Ute Dome Federal EAST 2130 Location Line and 2,247Feet From The Line Feet From The J: 455 Unit Letter , NMPM, San Juan County <u>13W</u> Township 32N Range Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Giant Industries, Inc. P.O. Box 12999, Scottsdale, AZ 85267 Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas P.O. Box 1492, El Paso, TX 79978 gas actually connected? When ? El Paso Natural Gas Company is gas actually connected? Sec. If well produces oil or liquids, Unit Twp. Rge. 9/13/81 give location of tanks. Yes 19 32N 13W If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen | Plug Back | Same Res'v New Well Workover Diff Res'v Gas Weil Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compi. Ready to Prod. Date Spudded Top Oil/Gas Pay **Tubing Depth** Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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 far full 24 mours.) OIL WELL Producing Method (Flow, pump, gas lyi, etc.) Date First New Oil Run To Tank Date of Test Choke Size ANII Casing Pressure Length of Test **Tubing Pressure** CIL CON. DIV. Water - Bbla. Actual Prod. During Test Oil - Bbls. DIST. 3 **GAS WELL** Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. JAN 1 11993 Date Approved . By \_\_\_ Signature Vice President SUPERVISOR DISTRICT #3 Brian H. Wert

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

Printed Name

1/6/93

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

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

Title

Telephone No.

<u>(303) 894–093</u>6

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Songesto Form C.104 must be filed for each nool in multiply completed wells.