Submar S Cubics Appropriate District Office D STP CTT 1	Energy, Minerals and N	aniral Resources Degarment		Revised 1-1-39	
P 0. 30+ 1960, Hodde, NM - 58240 DISTRICT I		ATION DIVISION	RECEIVED	at Bottom of Page V'A	
P.U. Drawer DD, Artesia, NM 38210		Box 2088 Mexico: 87504-2088	JUL 2 7 199	92 o	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA	ABLE AND AUTHORIZAT	ION O. C. D.	c	
Operator			Well API Na		
Central Resources	<u>a, Inc.</u>		<u>30-005-k</u>	1759	
Reawy(s) for Filing (Chack proper bax)	et. Suite 1010,	Denver, Colorad Other (Please explain)	0 80203		
New Well	Change in Transporter of:]			
	Oil L Dry Gas L Casinghead Gas Condensate]			
If change of operator give name and address of previous operator DEKG	16 Energy Company	, 1625 Broadway, De	nver, Colorad	0 80203	
Π. DESCRIPTION OF WELL A	ND LEASE			····	
Lease Name	Well No. Pool Name, Incl # N Pecos	-	Kind of Lease State Federal or Fee	Lease No. NM 36408	
Ruse Federal		Slope Abo			
Unit LetterC	: Feet From The	North Line and 1980	Feet From The	WestLine	
Section 19 Township	55 Range 25	E, NMPM,	Chaves	County	
III. DESIGNATION OF TRANS	SPORTER OF OIL AND NAT	FURAL GAS			
Name of Authonzed Transporter of Oil	or Condensate	Address (Give address to which			
Navajo Refining Cor Name of Authorized Transporter of Casing	mpuny head Gas or Dry Gas 🖂	P.O. Box 159, Art Address (Give address 10 which			
Transwestern Pipelin	e Company	Suite 614, 12 No		ssa, TX 7976C	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. R C. 19 5 25	ge. Is gas actually connected?	When?	2	
If this production is commingled with that f			<i>1</i>		
IV. COMPLETION DATA	Cil Well Gas Well	New Well Workover	Deepen Plug Back S	ime Res'v Diff Res'v	
Designate Type of Completion -		i i i		i	
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	, <u> </u>	
Perforations			Depth Casing Shoe		
	TUBING, CASING A	ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SA	CKS CEMENT	
V. TEST DATA AND REQUES	ST FOR ALLOWABLE	· · · · · · · · · · · · · · · · · · ·		,	
OIL WELL (Test must be after r	recovery of total volume of load oil and			r full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	л, даз іуї, есс.) /	Dosted ID-3	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	7-31-92	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gar- MCF	to of	
				0	
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Co		
	The base of the second second	Color Descent (Charles)	Choke Size		
Testing Method (pilot, back pr.)	Tubing Pressure (Shui-in)	Casing Pressure (Shut-in)	Choke Size		
VL OPERATOR CERTIFIC	ATE OF COMPLIANCE				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION		
is true and complete to the best of my		Date Approved	JUL 2 9 19	992	
here I	L/B				
Signature		By ORIGINAL SIGNED BY			
Irene Trujillo, Eng Printed Name	MIKE	MIKE WILLIAMS Title SUPERVISOR, DISTRICT II			
JUNE 29, 1992	(303) 830-1632 Telephone No.			17	

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

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

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