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

RECEIVED 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

JAN 19'90

I TO TRANSPORT OIL AND NATURAL GAS Stevens Operating Corporation Stevens Operating Corporation Stevens Operating Corporation Stevens Operating Corporation P. O. Box 2408, Roswell, New Mexico Rossequice Oil Dry Gs E Consequence Oil Dry Gs E Consequence Co	DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	DEOL	IECT E		.,	DIE AND A	UTUOD!	ZATION	c . 0	, Đ.		
Cyreling Cyreling Corporation Stevens Operating Corporation Stevens Operating Corporation Stevens Operating Corporation Stevens Operating Corporation Color (Piece exploin)	I. TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE											
Assertion of Filiag (Check proper bast) New Mexico 88202	Operator											
Reased of Pillag (Elect proper bet) Chappe in Transporter of Roompeleica Chappe in Transporter of Canage in Option Chappe in Control Chappe in Control Chappe in Control Chappe of Control Chappe in Cha	Address		 		-005-62	694						
Case Transporter of		vell, N	lew Mex	ico	88202							
Recomplicities Call Dy Gar S Cassiphead Gas Connecture If Change is Operate for name Additing of provincy greate Commanche Pipeline Company, P. O. Box 2408, Roswell, NM 88202 II. DESCRIPTION OF WELL AND LEASE Lease News George Fed. Com. I. Pecos Slope Abo Sed Change Fee Losse N. Losse No. George Fed. Com. Lease No. Section 32 Township 6S Rasse 26E: NAFPA. South Line and 660 Feet From The Section 32 Township 6S Rasse 26E: NAFPA. Chaves County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS News of Autoback Transporter of Oil Conference of Co			Change in	Transerv	orter of:	Othe	st (Please explo	rin)				
Manage of operator give same Comanche Pipeline Company, P. O. Box 2408, Roswell, NN 88202	Recompletion Oil Dry Gas K											
Lease Name of Autorized Transporter of Oil Ann NATURAL GAS Description Performance Performanc		Casinghea	d Gas 🗌	Conde	nsate							
Lease Name Well No. Pool Name. Including Formation State Platering Fee Lose No. George Fed. Com. 1 Pecos Slope Abo State Platering Fee Lose No. George Fed. Com. 1 Pecos Slope Abo State Platering Fee Lose No. George Fee Common Fee Feet From The East Lise Section 32 Towaship 68 Rasge 26E No.	If change of operator give name and address of previous operator Coma	nche P	ipelin	e Co	mpany,	P. O. B	ox 2408,	Roswe	11, NM	88202		
Location												
Lecation Line state	•	1 1				· ·			Lease Federal or Fe			
Section 32 Township 6S Range 26E NMPM Chaves County			L -	1 1 6	COS 510	pe ADO				TEC 0	00127	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Unit LetterP	: 660 Feet From The S				outh Line	and 660	Fe	et From The	East	Line	
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) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address (Give address to which approved copy of this form is to be sent) Address (Give address (Give address (Give address to which approved copy of this form is to be sent) Address (Give addres	Section 32 Township	6S		Range	26E	. NA	APM		Chav	res	County	
Name of Authorized Transporter of Oil	County											
Nava of Authority Trasponer of Casisphead Gas	Name of Authorized Transporter of Oil or Condensate Address (Circust Addre											
Commence Gas Gathering Limited Pattnership Wagnetics of Vegics Wagnetics Wagnetics Vegics		P. O. Drawer 159, Artesia, NM 88210										
If while produces oil or liquids, price backs. P. 32 65 26E Yes 8 26E Yes 9 06/07/89 75206 If this production is commingled with that from any other lease of pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepee Plug Back Same Resv Diff Resv Date Spatisfied Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, ste.) Name of Producing Formation TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT P.J. 26-90 J. 26		· · · · · · · · · · · · · · · · · · ·										
TUBING, CASING A TUBING SIZE TUBING, CASING A TUBING SIZE TUBING CASING A TUBING SIZE TUBING TO REAL DOWN BLE TO THE TOTAL AND REQUEST FOR ALLOWABLE DUL WELL Test must be defor receivery of load withme of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Dute first New OIR us To Tain Dute of Test Tubing Pressure Casing Pressure Choke Size CASING Test OIL CONSERVATION DIVISION DIVISION DIVISION Date Approved JAN 2 5 1990 By CHICKNESS DETRICT (F	If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When	?	425, Dai	75204	
Designate Type of Completion - (X) Due Spadded Due Compl. Ready to Prod. Total Depth P.B.T.D. Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE DEPTH SET SACKS CEMENT P.J. T.O. 3 1-26-50 Legst of Test Due Compl. Ready to Prod. TUBING, CASING AND CEMENTING RECORD DUE TO 3 1-26-50 Legst of Test Due Compl. Ready to Prod. TUBING, CASING AND CEMENTING RECORD DUE TO 3 1-26-50 Legst of Test Due Compl. Ready to Prod. TUBING, CASING AND CEMENTING RECORD Due Depth SET SACKS CEMENT P.J. T.O. 3 1-26-50 Legst of Test Due Compl. Ready to Prod. Tubing Pressure Casing Pressure Choice Size Oil - Bbls. Due Of Test Due Of					_1			1 06	/07/89			
Date Spatisfied Type of Completion - (X) Date Compl. Ready to Prod. Date Spatisfied Date Compl. Ready to Prod. Date Compl. Ready to Prod. Total Depth P.B.T.D. Tubing Depth Depth Casing Shoce TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT T.D - 3 I - 24 - 9 0 Law FT: CPC V. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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.) Date First New Oil Rus To Tank Date of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. Test - MCF/D Length of Test Oil - Bbis. Water - Bbis. Casing Pressure (Shul-in) Choke Size OIL CONSERVATION DIVISION Driving have been complied with and that the information gives above is true and complete to the boar of my knowledge and belief. Suprating Patricia Thompson Greenwade General Mgr. Tubing Pressure (Shul-in) Date Approved JAN 2 5 1990 By Credinal Signature Suprating Suprating Patricia Thompson Greenwade General Mgr. Title Suprating Suprating SUPREMISSOR, DISTRICT IS	IV. COMPLETION DATA	rom any our	er lease or	poot, grv	ve comming)	ing order numb	·er:		 			
Date Speaded Date Compil. Ready to Prod. Date Compil. Ready to Prod. Total Depth P.B.T.D. Tubing Depth Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT P.J. 1-3 J-24-70 Long FT: C. PC V. TEST DATA AND REQUEST FOR ALLOWABLE DILL 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.) Date Fire New Oil Rus To Tank Date of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbis. Water - Bbis. Gas. MCF Graviny of Concensure Foodman Method (plate, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE I bereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complied to the best of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Title SUPERIORAMS Title	Designate Type of Completion	. (20)	Oil Well	Ţ,	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Tubing Depth Tubing Stoce TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Part TD-3 1-26-20 Legar FT: c Pc V. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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.) Date first New Oil Run To Task Date of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. Test - MCF/D Casing Pressure Choke Size Water - Bbls. Gas- MCF Gravity of Concensive Touching Method (Picor, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Oil - Consensive of the base of my tonowledge and belief. Division have been complied with and that the information gives above is true and complete to the base of my tonowledge and belief. Division have been complied with and that the information gives above is true and complete to the base of my tonowledge and belief. Division have been complied with and that the information gives above is true and complete to the base of my tonowledge and belief. Division have been complied with and that the information gives above is true and complete to the base of my tonowledge and belief. Division have been complied with and that the information gives above is true and complete to the base of my tonowledge and belief. Division have been complied with and that the information gives above is true and complete to the base of my tonowledge and belief. Division have been complied with and that the information gives above is true and complete to the base of my tonowledge and belief. Division have been complied with and that the information gives above is true and complete to the base of my tonowledge and belief. Division have been complied with and that the information gives above is true and complete for this depth or be for full leaves to the formation for the formation for the format			pl. Ready to	Prod.		Total Depth		<u> </u>	PRTD			
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT PAT ID-3 1-26-70 SET: CPC V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (Test must be after recovery of load volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date Fire New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure (Shui-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I bereby 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 bots of my knowledge and belief. Signature Patricial Thompson Greenwade General Mgr. District Name OIL SUPERATOR DISTRICT IT	Element (DE DED DE CD		· · · · · · · · · · · · · · · · · · ·			T-01/0-8			1.5.1.5.			
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Part ID-3 1-26-50 Jeg. GT: c PC V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (Itel 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.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Actual Prod. Test - MCF/D Length of Test Oil - Bbls. Water - Bbls. Gas- MCF Gravity of Concensate VI. OPERATOR CERTIFICATE OF COMPLIANCE I bereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given shove is true and complete to the box of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Division Invested Tible OIL CONSERVATION DIVISION Date Approved JAN 2 5 1990 By CRICINAL SIGNED BY SUPERVISION DISTRICT TO Title SUPERVISION DISTRICT TO Title SUPERVISION DISTRICT TO	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT POL TO - 3 1 - 26 - 50 JMC FT: C PC V. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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.) Date First New Oil Rus To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Casing Pressure Choke Size Water - Bblis. Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bblis. Cooden mize/MMCF Gravity of Concentate VI. OPERATOR CERTIFICATE 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 is true and complete to the been of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Printed Name O1/18/90 (505) 622-7273 Title SUPPLANSOR, DISTRICT IS	Perforations					<u> </u>			Depth Casing Shoe			
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT POL TO - 3 1 - 26 - 50 JMC FT: C PC V. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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.) Date First New Oil Rus To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Casing Pressure Choke Size Water - Bblis. Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bblis. Cooden mize/MMCF Gravity of Concentate VI. OPERATOR CERTIFICATE 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 is true and complete to the been of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Printed Name O1/18/90 (505) 622-7273 Title SUPPLANSOR, DISTRICT IS		CEMENTING RECORD										
V. TEST DATA AND REQUEST FOR ALLOWABLE 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.) Date of Test Date of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Actual Prod. Test - MCF/D Length of Test Signature VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Privated Name O1/18/90 (505) 622-7273 Title SUPPRIVISOR DISTRICT IF	HOLE SIZE								SACKS CEMENT			
V. TEST DATA AND REQUEST FOR ALLOWABLE 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.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Actual Prod. Test - MCF/D Length of Test Gas- MCF Gaswell Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Concensate (esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I bereby 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. Signature Patricia Thompson Greenwade General Mgr. Title OIL CONSERVATION DIVISION Date Approved JAN 2 5 1990 By Citalinal Signed By Title Superavisor, District in												
V. TEST DATA AND REQUEST FOR ALLOWABLE 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.) Date of Test Date of Test Date of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Concensate Casing Pressure (Shus-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I bereby 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. Signature Patricia Thompson Greenwade General Mgr. Title Oil 18790 Title Signature Title Oil SERVATION DIVISION Date Approved Date Size OIL CONSERVATION DIVISION Date Approved Date Approved Signature Title Signature Division have been complete to the best of my knowledge and belief. Title Signature Title Sig									1;			
DIL 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.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF Gravity of Concentate Gravity of Concentate Festing Method (pitot, back pr.) Tubing Pressure (Shui-in) Casing Pressure (Shui-in) Choke Size VI. OPERATOR CERTIFICATE 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 is true and complete to the best of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Printed Name Oil 18/90 (505) 622-7273 Title Supprinted Robinson Conservation Title Supprinted Name Oil Signature Title Supprinted Robinson Division have been completed to the best of my knowledge and belief. Title Supprinted Robinson Division Division Robinson Conservation Date Approved Title Supprinted Robinson Division Division Division Robinson Conservation Date Approved Title Supprinted Robinson Division Division Division Robinson Conservation Date Approved Title Supprinted Robinson Division Division Division Division Robinson Divisio									sh	5 F1: C	pe_	
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF Gravity of Condensate Gravity of Condensate Casing Pressure (Shut-in) Casing Pressure (Shut-in) Condensate						L						
Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF Gravity of Condensate Gravity of Condensate October Size Will OPERATOR CERTIFICATE OF COMPLIANCE I bereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Prized Name O1/18/90 (505) 622-7273 Casing Pressure Choke Size OIL CONSERVATION DIVISION Date Approved JAN 2 5 1990 By CRIGINAL SIGNED BY Title SUPERATOR DISTRICT IF		Producing Method (Flow, pump, gas lift, etc.)										
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas-MCF Gas-MCF Gas-MCF Gravity of Concensate Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE 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 is true and complete to the best of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Privated Name O1/18/90 (505) 622-7273 Water - Bbls. Casing Pressure (Shut-in) Casing Pressure (Shut-in) OIL CONSERVATION DIVISION Date Approved By Cittle Name OITILE SIPERALISOR, DISTRICT IP	Length of Test	75.13 - D							100			
GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE 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 is true and complete to the best of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Printed Name O1/18/90 (505) 622-7273 Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size OIL CONSERVATION DIVISION Date Approved JAN 2 5 1990 By CINGINAL SIGNED BY Title OI/18/90 Title SUPERALSOR, DISTRICT IF	realing or 10m	Lubing Pressure				Casing Pressur	re		Choke Size	Choke 21Ze		
Casing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
Casing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	CASWELL			····					<u> </u>			
VI. OPERATOR CERTIFICATE 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 is true and complete to the best of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Printed Name 01/18/90 (505) 622-7273 Tubing Pressure (Shut-in) Casing Pressure (Shut-in) OIL CONSERVATION DIVISION Date Approved By ORIGINAL SIGNED BY MIME WILLIAMS Title SUPPRISOR DISTRICT IF		Length of	l'est			Bbls. Condens	ale/MMCF		Gravity of C	Contents		
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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 begr of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Printed Name 01/18/90 (505) 622-7273 OIL CONSERVATION DIVISION Date Approved By ORIGINAL SIGNED BY Title SUPERVISOR, DISTRICT IF							_		Olavily of C	Concensate		
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 begr of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Printed Name 01/18/90 (505) 622-7273 OIL CONSERVATION DIVISION Date Approved By ORIGINAL SIGNED BY Title SUPERVISOR, DISTRICT IF	seeing method (puot, back pr.)	lubing Pre	saure (Shut-	·in)		Casing Pressur	re (Shut-in)		Choke Size			
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 begr of my knowledge and belief. Signature Patricia Thompson Greenwade General Mgr. Printed Name 01/18/90 (505) 622-7273 OIL CONSERVATION DIVISION Date Approved By ORIGINAL SIGNED BY Title SUPERVISOR, DISTRICT IF	VL OPERATOR CERTIFICA	ATE OF	COMP	LIAN	ICE				<u> </u>			
Signature Patricia Thompson Greenwade General Mgr. Prized Name 01/18/90 (505) 622-7273 Date Approved JAN 2 5 1990 By OKIGINAL SIGNED BY Title SUPERVISOR, DISTRICT IF	I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Signature Patricia Thompson Greenwade General Mgr. Printed Name 01/18/90 (505) 622-7273 By ORIGINAL SIGNED BY Title SUPERVISOR, DISTRICT IF	is true and complete to the best of my knowledge and belief.					Data A						
Printed Name O1/18/90 (505) 622-7273 Printed Name O1/18/90 (505) 622-7273 ONG NATE SIGNED BY SUPERVISOR, DISTRICT IF	The Manney the						Date Approved					
Printed Name O1/18/90 (505) 622-7273 Printed Name O1/18/90 (505) 622-7273 ONG NATE SIGNED BY SUPERVISOR, DISTRICT IF	Signature	BySPIGNAL SIGNED BY										
01/18/90 (505) 622-7273 Title SUPERVISOR, DISTRICT IF						MIKE WILMAMS						
Telephone No.	(303) 622-7273											
	Telephone No.						delicitic constitution of the second of the					

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.