DIMIL OF FACM TATCHICO Energy, Minerals and Natural Resources Department

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0/51 Form C-104
Revised 1-1-89
See Instructions
At Buttom of Page at Bottom of Page MAY - 5 1992

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

1951 KICT III 1000 Rio Brazos Rd., Aztec, NM 8741	HEQUEST					IIZATION	rrand - Terri				
perator	TO TRANSPORT OIL AND				Well API No.						
Colli	ns Oil & Gas	s Oil & Gas Corporation /						30-005-62776			
P.O.	Box 2443, Ros	swell	, NM 882	02-2443							
leason(s) for Filing (Check proper box)			Oth	er (Please exp	olain)					
lew Well	Chang		asporter of:								
ecompletion \Box	Oil	∐ Dŋ									
hange in Operator	Casinghead Gas	Cor	ndensate								
change of operator give name d address of previous operator											
ease Name							of Lease				
Paula "K" St.	atel	21	iablo-San	-Andres		l	AAAAAAAA	1 10-04	240		
Unit Letter	: 1650	Fee	t From The	South Lin	e and <u>22</u>	22 F	cet From The	East	Line		
Section 21 Town	ship 10-S	Rai	nge 27E	,N	MPM, Ch	aves			County		
II. DESIGNATION OF TRA			AND NATU	RAL GAS		ubish approve	d come of this form	ie to he se	mt)		
Name of Authorized Transporter of Oil x or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Pueblo Petroleum Inc				P.O. Box 8249, Roswell, NM 88202 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas X or Dry Gas											
Yates Petroler		ln.	n l Par	105 S. Is gas actuall			esia, NM	88210			
f well produces oil or liquids, ive location of tanks.	Unit Sec.	Tw			1 connected t		5-1-92				
				yes ing order num	her:		ν - 1-9/				
this production is commingled with the	iat from any other leas	e or poor	, give conmining	ing order name	DCI						
V. COMPLETION DATA	lon	17.11	Coe Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Designate Type of Completic		Well	Gas Well	Now Well	i MOITOASL	l rechen	I ting pace (2)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Date Spudded	Date Compl. Rea	dy to Pro	l d.	Total Depth	l		P.B.T.D.				
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations						 	Depth Casing	Depth Casing Shoe			
					NO DECO	00					
			SING AND	CEMENTI				CKS CEM	CNT		
HOLE SIZE	CASING	& TUBIN	IG SIZE	<u> </u>	DEPTH SE	<u> </u>	_ <u>SA</u>	CR3 CEM	CIVI		
				 							
				<u> </u>							
				ļ							
				<u>]</u>							
V. TEST DATA AND REQU	JEST FOR ALLO)WAB	LE ,				hie denth or he for	full 24 hou	urs.)		
OIL WELL (Test must be aft	er recovery of total vo	lume of l	oad oil and musi	be equal to o	r exceed top a	pump, gas lift	ALC)	Jul 64 1101			
Date First New Oil Run To Tank	Date of Test			Producing N	iculou (Flow,	purity, gas 191	, 6.6.7	*			
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbla.			Gas- MCF			
		 		1		<u> </u>		· 			
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbis. Conde	nsate/MMCF		Gravity of Co	ndensate			
Actual Prod. Test - MC17D	Engarte 1500						- 1		•		
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF I hereby certify that the rules and a Division have been complied with is true and complete to the best of	regulations of the Oil C and that the information	conservati on given	ion				VATION E		ON		
Pay 14 Carlin	1			By.	ΛC	NGINAL S	IGNED BY	:			
ROY D. COLLINS	\	olli T	as O/G	Title	M	WE WILL	AMS R, DISTRICT	ri ³			
Printed Name 5-1-92 Date	623-204	O Teleph	one No.		J	- 1 - 1 - 1 - 1 - 1					
Date											

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
- 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.