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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRANS	SPORT O	L AND NATURA	AL GA		WINT.			
Operator BORDEAUX PETROLEUM CO	MPANY					Well A				
Address 333 W. HAMPDEN AVE. S	UITE 60	4 ENGLI	EWOOD, CO	80110						
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in Tra		Other (Plea	•	ve 3/1/	' 90			
If change of operator give name				12842 VALLEY	VIEW	#104 ^C	GARDEN G	ROVE, CA	92645	
and address of previous operator NET. II. DESCRIPTION OF WELL							TA-			
Santa Fe Pacific 7 Crossroads San Andreas							of Lease No. Fladershor Fee			
Unit Letter	:660)Fe	et From The _	West Line and _	660	Fe	et From The _	South-	Line	
Section 23 Township	9-S	Ra	nge 36-1	, NMPM,	I	.ea			County	
Name of Authorized Transporter of Oil Mobil Pipe Line Company Name of Authorized Transporter of Casinghead Gas Warren Petroleum Co. If well produces oil or liquids, Unit Sec. Twp. Rge.				RAL GAS Address (Give address to which approved copy of this form is to be sent) P.O. BOX 900, Dallas, TX 75221 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102 Is gas actually connected? When?						
give location of tanks.	М	23	9 30	No-Tempo	No-Temporarily Abandoned					
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or poo	l, give commin	gling order number:						
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well Worl	cover	Deepen	Plug Back	Same Res'v	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	Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe					
	T				CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE	CAS	ING & TUBII	DET.	DEPTH SET						
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE			unhla for thi	e danth or he	for full 24 hou	,,)	
OIL WELL (Test must be after red) Date First New Oil Run To Tank	Producing Method (be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)								
	Date of Test			G D	· · · · · ·		Choke Size			
Length of Test	Tubing Pressure			Casing Pressure	Casing Pressure			Circle diac		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Water - Bbls.			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/M	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Sh	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul. Division have been complied with and is true and complete to the best of my light that the rule and complete to the best of my light that the rule and complete to the best of my light that the rule and complete to the best of my light that the rule and complete to the best of my light that the rules are rules and regular to the rules and regular to the rules and regular to the rules are rules are rules are rules and regular to the rules and regular to the rules are rule	ations of the that the infor	Dil Conservati mation given a	ion	OIL Date App				DIVISION NO STATE		
Signature				Ву	By Orig. Signed NoPaul Kaut?					
Bruce M. Patterson, V. Printed Name	ice Pres (303) 76	Ti	Ingineeri i ^{ile} Operat	nt & ins Title			•	Geologist		

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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