

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Greenwood Holdings Inc.		Well API No. 30-025-22281
Address 5600 S. Quebec St., Suite 150-C Englewood, CO 80111		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Other (Please explain) 500 bbls - oct 1990 Remove stock on hand prior to PA		
If change of operator give name and address of previous operator Roberts & Hammack In c.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shea Climenko State	Well No. 1	Pool Name, including Formation North Bagley Permo Penn	Kind of Lease State, Federal or Private	Lease No. k-5061
Location Unit Letter # N : 660' Feet From The South Line and 1980' Feet From The # West Line Section 8-25 Township 11S Range 33E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Prod. Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 561 Tulsa, OK 74102					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588 Tulsa, OK 74142					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 23	Twp. 11S	Rge. 33E	Is gas actually connected? No	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-12-67	Date Compl. Ready to Prod. 12-9-67	Total Depth 10370'		P.B.T.D. 10368'				
Elevations (DF, RKB, RT, GR, etc.) 4304' GR	Name of Producing Formation Bough C		Top Oil/Gas Pay 9150'		Tubing Depth 9100'			
Performances 9150-58', 9163'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	11 3/4"		410'		400			
10"	8 5/8"		3990'		450			
7"	4 1/2"		10368'		450			

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 Request for allowable	Date of Test for final disposition before abandonment	Producing Method (Flow, pump, gas lift, etc.) 500 barrels in stock	
Length of Test	Tubing 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 Condensate
Testing Method (pilot, back pr.)	Tubing 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 **James P. Ryder** Title **Operations Manager**
Printed Name **James P. Ryder** Telephone No. **(303) 773-6703**
Date **October 8, 1990**

OIL CONSERVATION DIVISION

Date Approved **OCT 12 1990**
By **Paul Kautz** Orig. Signed by
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 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.

RECEIVED

OCT 11 1996

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HOBBS