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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Greenwood Holdings Inc.		Well API No.
Address 5600 S. Quebec St., Suite 150-C Englewood, CO 80111		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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"/>
If change of operator give name and address of previous operator Roberts & Hammack Inc.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mathers C	Well No. 1	Pool Name, including Formation North Bagley Permo Penn	Kind of Lease XXX XXXXX Fee	Lease No.
Location Unit Letter K : 1980' Feet From The S Line and 1080' Feet From The W Line Section 30 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 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 K	Sec. 30
	Twp. 11S	Rgn. 33E
	Is gas actually connected?	When?
	Yes	N/A

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	Stems Rec'd	DMT Rec'd
Date Spudded 7-28-69	Date Compl. Ready to Prod. 9-23-69		Total Depth 10400'		P.B.T.D. 10400'			
Elevations (DF, RKB, RT, GR, etc.) 4310' GR	Name of Producing Formation Lower Penn		Top Oil/Gas Pay 10006'		Tubing Depth 9900'			
Perforations 10006- 10326'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	11 3/4"		425'		425			
9 7/8"	8 5/8"		3922'		450			
7 7/8"	4 1/2"		10400'		600			

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 for final disposition	Date of Test 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
Printed Name **James P. Ryder** Title **Operations Manager**
Date **October 8, 1990** Telephone No. **(303) 773-6703**

OIL CONSERVATION DIVISION

Date Approved **OCT 12 1990**
By _____
Title _____

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.