

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator		Well API No.	
Bonneville Fuels Corporation		30-025-27552	
Address			
1600 Broadway, Suite 1110, Denver, CO 80202			
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of: Same	
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 Inexco Oil Company, 2950 N. Loop West, Suite 1200, Houston, TX 77092-8862

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lottie York	Well No. #1	Pool Name, Including Formation <i>R 10545</i> South Humble City, Strawn	Kind of Lease XXX, FIRM FOR Fee	Lease No. N/A
Location <i>Southwest</i> <i>6/1/96</i>				
Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line				
Section <u>14</u> Township <u>17S</u> Range <u>37E</u> , 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"/> <i>Texaco New Mexico Pipeline</i> <i>Howell Crude Oil Pipeline</i>					Address (Give address to which approved copy of this form is to be sent) <i>1010 Lamar, Suite 1800, Houston, TX 77002</i>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Phillips 66</i> <i>GPM Gas Corporation</i>					Address (Give address to which approved copy of this form is to be sent) <i>EFFECTIVE: February 1, 1992</i> <i>4th & Keefer, Bartlesville, OK 74004</i>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<i>yes</i>	<i>inception</i>

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	Gas Well	New Well	Workover	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			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALL OWABLE

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	Producing Method (<i>Flow, pump, gas lift, etc.</i>)	
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 (<i>pitot, back pr.</i>)	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 Greg Twombly Title President
Printed Name Greg Twombly
Date 8/18/89 (303) 863-1555
Telephone No.

OIL CONSERVATION DIVISION

AUG 22 1989

Date Approved AUG 22 1966

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.

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AUG 21 1989

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HOBBS OFFICE