Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

Minerals and Natural Resources Depa

OIL CONSERVATION DIVISION

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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 8/304-2088

I.						AUTHORI TURAL G					
Operator							Well API No.				
Bonneville Fuels Corporation						30-025-28234					
Address		_									
1600 Broadway, Su: Reason(s) for Filing (Check proper box)	te 111	0, Dent	ær.	CO 802	02 Otl	her (Please expl	ain)				
New Well		Change in	Transpo	nter of: Sai		nor (r read b corp.	,				
Recompletion	Oil		Dry Ga								
Change in Operator	Casinghea	ad Gas 🗌	Conden	sate							
f change of operator give name and address of previous operator Inex	co Oil	Compar	v. 2	950 N.	Toon We	est. Suit	e 1200	Houston	mv 77	092-8862	
•			-7-1			2007 0010	CILOUI	nouscen	##A	<u> </u>	
II. DESCRIPTION OF WELL Lease Name	AND LE	Well No.	Dool No	oma Includi	ng Formation		Vial	of 1	1 ,	Na	
Norris		#1-13	t e		-	y, Strawn	ا ما	of Lease Federal of Fee	1	.ease No.	
Location] #1_==	_ 50 u	icii iiuii	DIG CIC	y, Strawn	I XXX		IN/A		
Unit LetterL	. 16	50	Coat Er	om The	South 1:	ne and 330		eet From The _	West	T in a	
Olin Leater			rearn	om me	DOUCII LI	Re 2110	FI	er riom ine _	West	Line	
Section 13 Townshi	ip 17S		Range	37E	, N	МРМ,		Lea	a	County	
W. Proveni Provi or Pr											
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden		D NATU			high approve	l come of this fo	rre in to be a		
Permian Corporation		or conden	-BUÇ		1	ve address to w	• •			sr u j	
Name of Authorized Transporter of Casin	phead Gas		or Dry	Gas 🗀		x 1183, H					
Phillips 66 Nath.	Zas	GPM G	as Co	rporatio	M+ FFEC	TIVE: Febr	ugry 1	1962 OK	74004	:/4/	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	1	ly connected?	When		74004	· · · · · · · · · · · · · · · · · · ·	
give location of tanks.	i			<u> </u>	yes		jin	ception			
f this production is commingled with that	from any oth	her lease or p	pool, giv	e commingl	ing order num	iber:					
IV. COMPLETION DATA							-	<u>. </u>			
Designate Type of Completion	- (X)	Oil Well	10	Sas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		nl Ready to	Provid		Total Depth	<u> </u>	1			_1	
Date Space	Date Compl. Ready to Prod.							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tuhing Denti	Tubing Depth		
Perforations								Depth Casing	Shoe		
TUBING, CASING AND									y ² ····································		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	-										
	 										
V. TEST DATA AND REQUE	ST FOR A	ALLOWA	BLE		L						
OIL WELL (Test must be after t	recovery of to	otal volume	of load o	oil and must	be equal to o	r exceed top allo	owable for thi	s depth or be fo	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing M	lethod (Flow, pi	ump, gas lift.	etc.)			
					C : D			Choke Size			
Length of Test	Tubing Pro	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
Actual 1100. During 1000	Oil - Bois.				Water - Dois	•		02001			
CACAUELI	1				J			<u></u>			
GAS WELL Actual Prod. Test - MCF/D	Langth of	Tost			Phla Conda	neoto A O ACE		Gravity of Co		h-W-1	
radial Flod Tost: MCI/D	Length of Test			Bbls. Condensate/MMCF			Clavity of Co	Siavity of Contensate			
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shut	-in)		Casing Press	sure (Shut-in)		Choke Size			
_ , ,	-					•					
VI. OPERATOR CERTIFIC	ATEO	COMP	LIAN	ICE	1	_		1			
I hereby certify that the rules and regul				. 👊		OIL CON	ISERV	ATION [DIVISIO	NC	
Division have been complied with and	that the info	rmation give						ALIG	3221	QQQ	
is true and complete to the best of my	knowledge a	nd belief.			Date	e Approve	d	- 19	- ~ ~ l		
\mathcal{A}						1.15.0.0		Orio	Signal L		
Jug sprombly					Orig. Signed by Paul Kauts						
Signature Gred Twombly		Pre	side	nt	-, -		,	Go	ologist		
Printed Name			Title		Title	·					
8/18/89	(30	03) 863	3-155.	5	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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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