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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65
21

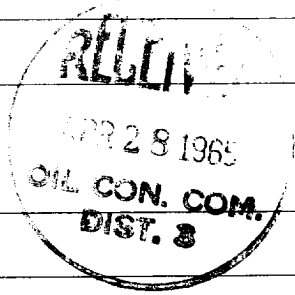
I. Operator
Whigham Drilling Co., Inc.

Address
P. O. Box 1439, Farmington, New Mexico

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner



II. DESCRIPTION OF WELL AND LEASE

Lease Name CTV Hospah "A"	Well No. 2	Pool Name, Including Formation Hospah - Gallup	Kind of Lease State, Federal or Fee
Location Unit Letter I ; 2310' Feet From The South Line and 1392 Feet From The East Line of Section 12 , Township 17 N Range 9 W , NMPM, McKinley 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"/> Lamar Trucking	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, N. M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit K Sec. 12 Twp. 17N Rge. 9W	Is gas actually connected? 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)	XX	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-1-65	Date Compl. Ready to Prod. 4-16-65	Total Depth 1647		P.B.T.D. 1632					
Pool Hospah	Name of Producing Formation Hospah-Gallup	Top Oil/Gas Pay 1595		Tubing Depth 1610					
Perforations 1595-99		Depth Casing Shoe 1647							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 8 3/4	CASING & TUBING SIZE 7"	DEPTH SET 30.72		SACKS CEMENT 10					
6 1/4	4 1/2"	1647.00		60					
	2 3/8	1610							

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 Tanks 4-16-65	Date of Test 4-16-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 18 barrels	Oil-Bbls. 17	Water-Bbls. 1	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Lawrence M. Thomas Jr.
(Signature)
Petroleum Geologist
(Title)
4-27-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 28 1965**, 19
BY **Original Signed Emery C. Arnold**
TITLE **Supervisor Dist. # 3**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

