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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR		3
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

B.L.

I.

Operator		Walker Bros Oil Company	
Address		P.O. Box 776 Durango, Colorado (P.O. Box 18715 Oklahoma City, Okla.)	
Reason(s) for filing (Check proper box)		Other (Please Specify)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Santa Fe	Well No.	3	Pool Name, Including Formation	Hospah Sal.	Kind of Lease	State, Federal or Fee
Location	Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West						
Line of Section	7	Township	17N	Range	8W	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"/>	Address (Give address to which approved copy of this form is to be sent)		
Lamar Trucking Co., Inc.				P.O. Box 1528 Farmington, New Mexico		
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	7	17N	8W	no	

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.		
6-21-65		7-2-65		1549		1547		
Pool		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Hospah		Gallup		1506		1540		
Perforations						Depth Casing Shoe		
1506-10; 1516-30; 1532-40						1547		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12"		8 5/8		37'		7		
4 1/2 6 3/4		4 1/2		1547		75		
		2 7/8		1540				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-2-65	7-2-65 to 7-3-65	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke
24 hours	0	0	0
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
56	56	none	none

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.

R.E. Lanth  
(Signature)  
Geologist  
(Title)  
July 5, 1965  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 12 1965, 19

BY Original Signed Emery C. Arnold

TITLE Supervisor Dist. # 8

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.

