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TRANSPORTER	OIL 1
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OPERATOR	2
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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

I. Operator
Walker Bros. Oil Company

Address
P.O. Box 776, Durango, Colorado

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanson	Well No. 4	Pool Name, including Formation Hospah-Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. 052931
Location				
Unit Letter L	820	Fees From The West	Line and 1686	Feet From The South
Line of Section 6	Township 17 N	Range 8 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 103, 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 K	Sec. 6	Twp. 17N	Rge. 8W	Is gas actually connected? None produced	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)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-2-66	Date Compl. Ready to Prod. 9-11-66	Total Depth 1587	P.B.T.D. 1585					
Elevations (DF, RKB, RT, GR, etc.) 6894 KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 1536	Tubing Depth 1519					
Perforations 1536 - 1545 w/2 holes per ft.	Depth Casing Shoe 1585							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12"	8 5/8"	21'	15 BX					
7 7/8"	5 1/2"	1587'	100 BX					

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 9-11-66	Date of Test 9-13-9-14-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test 92.6	Oil-Bbls. 92.6	Water-Bbls. 0	Gas-MCF None

GAS WELL

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

Virginia Cassinatti
(Signature)
Secretary
(Title)
9-15-66
(Date)

OIL CONSERVATION COMMISSION
SEP 19 1966, 19____
APPROVED _____
BY Original Signed by 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 only Sections I, II, III, and VI 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.

