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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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Hanson	Well No. 3	Pool Name, including Formation Hospah-Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. 052931
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West				
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 108, 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-15-66	Date Compl. Ready to Prod. 9-25-66		Total Depth 1591		P.B.T.D. 1585			
Elevations (DF, RKB, RT, GR, etc.) 6884 Ground	Name of Producing Formation Gallup		Top Oil/Gas Pay 1550		Tubing Depth 1520			
Perforations 1552-1558					Depth Casing Shoe 1585			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12"	8 5/8"		23'		15			
7 7/8"	5 1/2"		1589'		100			
5 1/2"	2 3/8"		1520'					

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 9-25-66	Date of Test 10-8-66	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 69 BBL	Oil-Bbls. 69	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 Carmichael
(Signature)
Secretary
(Title)
October 11, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 13 1966**, 19____
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
TITLE _____

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.