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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)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe	Well No. 9	Pool Name, Including Formation Hospah-Gallup	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter F	1650	Feet From The North	Line and 1650	Feet From The West
7	17 N	8 W	McKinley	County
Line of Section Township Range , NMPM,				

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 D	Sec. 7	Twp. 17 N	Rge. 8 W	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 9-30-66	Date Compl. Ready to Prod. 10-10-66	Total Depth 1670	P.B.T.D. 1640					
Elevations (DE, RKB, RT, GR, etc.) 6972 RB	Name of Producing Formation Hospah-Gallup	Top Oil/Gas Pay 1625	Tubing Depth 1630					
Perforations 1625-1632	Depth Casing Shoe 1667							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 24'	SACKS CEMENT 15					
7 7/8"	5 1/2"	1670'	100					
	2 3/8"	1630'						

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 10-10-66	Date of Test 10-10-66	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 71 BBLs	Oil - Bbls. 71	Water - Bbls. 0	Gas - MCF 0

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.

Secretary

(Signature)

October 12, 1966

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 13 1966**, 19

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.