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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
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



Operator <b>Walker Bros. Oil Company</b>	
Address <b>P.O. Box 776, Durango, Colorado 81301</b>	
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 <b>Santa Fe</b>	Well No. <b>10</b>	Pool Name, Including Formation <b>South Hospah Lower Sand</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location				
Unit Letter <b>B</b>	<b>330</b>	Feet From The <b>North</b>	Line and <b>2310</b>	Feet From The <b>East</b>
Line of Section <b>7</b>	Township <b>17 North</b>	Range <b>8 West</b>	, NMFM, <b>McKinley</b> 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"/> <b>Shell Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1588, Farmington, New Mex. 87401</b>	
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 <b>D</b>	Sec. <b>7</b>
	Twp. <b>17N</b>	Rge. <b>8W</b>
	Is gas actually connected? <b>None Produced</b>	
	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 <b>1-20-67</b>	Date Compl. Ready to Prod. <b>3-27-67</b>		Total Depth <b>1604'</b>		P.B.T.D. <b>None</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>6908 KB</b>	Name of Producing Formation		Top Oil/Gas Pay <b>1594'</b>		Tubing Depth <b>1550'</b>			
Perforations <b>1698' with 4 holes per foot</b>					Depth Casing Shoe <b>1595'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12"</b>	<b>8 5/8"</b>		<b>23'</b>		<b>15 sx</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>1595'</b>		<b>100 sx</b>			
	<b>2 3/8"</b>		<b>1550'</b>		<b>None</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <b>3-27-67</b>	Date of Test <b>3-27 &amp; 28-67</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hour</b>	Tubing Pressure <b>0</b>	Casing Pressure <b>0</b>	Choke Size <b>2"</b>
Actual Prod. During Test <b>13</b>	Oil - Bbls. <b>10</b>	Water - Bbls. <b>3</b>	Gas - MCF <b>None</b>

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)  
**3-29-67**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 30 1967**, 19\_\_\_\_\_  
BY Original Signed by Emery C. Arnold  
TITLE **SUPERVISOR DIST. #1**

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.