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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BT by ea
Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Farris Mines	
Address Box 687, Grants, New Mexico 87020	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change well #374 from 1-A
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	
Dry Gas <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 Farris	Well No. 3	Pool Name, including Formation Seven Lakes Menefee	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter P	330	Feet From The South	Line and 980	Feet From The East
Line of Section 18	Township 18	Range 10W	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 104 Farmington, N.M. 87401	
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 P	Sec. 18
	Twp. 18N	Rge. 10W
	Is gas actually connected?	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 2-24-74	Date Compl. Ready to Prod. 9-13-74	Total Depth 390' plugged back from			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6542 GL	Name of Producing Formation Menefee	Top Oil/Gas Pay 440'			Tubing Depth			
Perforations 319-320-334-338 4 shots per foot			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 6 3/4"	CASING & TUBING SIZE 5 1/2" casing		DEPTH SET 436'		SACKS CEMENT 15 sacks circulated			
	2" upset tubing		380'					

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 9-17-74	Date of Test 9-17-74 9-18-74	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 2 bbls.	Water-Bbls. 1 bbl.	Gas-MCF

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.

Quincy R Farris
(Signature)
Partner
(Title)
10-11-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED *OCT 15 1974*
BY *Original Signed by Henry C. Arnold*
SUPERVISOR DIST. #5

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.