NO. OF COPIES REC	1	·	
DISTRIBUTIO			
SANTA FE	1		
FILE	7	V	
U.S.G.S.	ĺ		
LAND OFFICE			
IRANSPORTER	OIL	1	
THANS! ONTER	GAS		
OPERATOR	3		
PROBATION OF	ICE		

Ħ.

III.

IV.

VI.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

1

U.S.G.S.		_		AUT	HORIZA	ATION	TO TRA	NSPORT	OIL AND	NATURA	L GA	.5	\bigcap		
LAND OFFICE	OIL	1	 	-									(j)		
IRANSPORTER	GAS	-	\vdash	1									i		
OPERATOR		3]											
PRORATION OF	FICE	l	l	<u> </u>											
Basin Fuels, Inc. Address															
152 Pet Reason(s) for filing					, Fai	mingt	on, Ne	ew Mexi	.co 8740] Other (Pleas		 -				
New Well	X		-		in Trans	sporter of	i:		,	• •					
Recompletion	H			Oil		Н	Dry Ga	=							
Change in Ownership	PL			Casing	head Gas	<u> </u>	Conden	sate							
If change of owners and address of prev			ne							,		<u> </u>			
DESCRIPTION O	F WEL	LA	ND I	LEASE Well N	o. Pool	Name, Inc	cluding Fo	verde ormation	<i></i>	Kind of Le	ease		•	Lease No.	
Scooter	•			1	1		n Ur			State, Fed	leral o	rFee F e	deral	NM-7509	
Location															
Unit Letter)	;	_66	O Feet F	rom The	North	Line	e and	660	Feet Fro	om The	<u>Wes</u>	t		
Line of Section	18		Tow	mship 20	N	R	ange	5W	, NMPI	a. McKi	nle	v		County	
Line of Section					·				, , , , , , , ,	***		<u> </u>			
DESIGNATION O							RAL GA	S	(C: 11						
Name of Authorized	•			(A) or	Condens			1	Give address		-			[
Inland, Co	Transpor	rter o	i Cas	inghead Gas	or	Dry Gas	<u> </u>		Give address					ico 87401 to be sent)	
								<u> </u>							
If well produces oil		۵,			!	Twp.	P.ge.	Is gas ac	tually connec	ted?	When			·	
give location of tank				D	18	20N	5W		No			nknown			
If this production is COMPLETION D.		ngle	1 WIT	n that from	any otne	eriease	or pool,	give com	ungiing orde	r number:					
Designate Typ	ne of C	omp	etio	n – (X)	Oil Wel	I Go	s Well	New Well	Workover	Deepen	, 1 1	Plug Back	Same Re	es'v. Diff. Res'v.	
		ор.		Date Compl	Berdy	n Prod		X Total De	oth .			P.B.T.D.	! !		
Date Spudded					24-			1							
6-15-75 Elevations (DF, RKI	B, RT, G	R, et	c. j	Name of Pro				2860 Top Oil/Gas Pay				2780 Tubing Depth			
6729 GR				Point Lookout & Menefer				1810				2773			
Perforations							ļ · ·				Depth Castr	1			
2762-67, 272	26-30	_ 26	92-	<u>-99 & 21</u>			NG AND	CEMENT	ING RECO	RD		2858			
HOLE	SIZE			CASI		BING S			DEPTHS			SA	CKS CE	MENT	
12:	•				-5/8				100 ft.		1	-	70 s		
7-7	$7-7/8$ $4\frac{1}{2}$			2858		10	400 sks.								
				<u></u>						180	7	10/12	1		
TEST DATA ANI OIL WELL								pth or be fo	y of total vol or full 24 hour	ume of soad	oil and	Dmuss 600	iudi to or	exceed top allow-	
Date First New Oil I 9-24-75	Hun To T	anks		Date of Tea	ւ 24 – 75			Producing	Method (Flo	~. James 62,	,·,	Pix 3	/		
Length of Test				Casing Pressure			Choke Size								
24 hrs.		_			40				40		\Rightarrow	Noz	10		
Actual Prod. During	Test			Oil-Bbls.				Water-Bbls.			Gas-MCF				
38				<u> </u>	16			L	22			26	· · · · · ·		
GAS WELL Actual Prod. Test-N				Bbls. Condensate/MMCF				Gravity of Condensate							
Testing Method (pitc	ot, back j	pr. <i>)</i>		Tubing Pres	swe (St	nt-in)		Casing Pressure (Shut-in)		1	Choke Size				
CERTIFICATE O	F COM	PLI	ANC	E	· <u>·</u> ···				OIL	CONSER	VAT	ION CON	MISSIC	N	
						APPROVED OCT 1 0 19/5 . 19									
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given				and Signed by A R Kendrick											
above is true and complete to the best of my knowledge and belief.					By Original Signed by A. R. Kendrick TITLE SUPERVISOR DIST. #5										
								/ith mul	E 1104.						
Jack D. Cook This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep								led or deepened							
(Signature)						well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.									
Agent					All sections of this form must be filled out completely for allow-										
(Title)						able on new and recompleted wells.									
### Fill out only Sections I, II, and VI for changes of own. ### (Date) Continuous C								ude of condition							
								Se	parate Forn ted wells.	ns C-104 m	nust 1	e filed fo	or each	pool in multiply	

