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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**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

Operator Colorado Plateau Geological Services, Inc. *Red Mountain Associates*

Address P.O. Box 537 Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State	2	Chaco Wash MV	State, Federal or Fee	State LG 2779
Location				
Unit Letter	B	990 Feet From The	North	Line and 1650 Feet From The East
Line of Section	28	Township	20N	Range 9W, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau Inc.	1921 Bloomfield Blvd., Farmington, N.M.
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)
None	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. Is gas actually connected? When
	B 28 20N 9W No TSTM

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4/29/76	5/15/76	520'						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6433GR	Menefee	496'	500'					
Perforations			Depth Casing Shoe					
OH 496-520			496					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
6 1/4"	4 1/2"	496	25 lbs bag cement					
	2 3/8"							

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and gas or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, etc.)	OIL CON. COM. DIST. 3
5/15/76	5/15/76	pump	
Length of Test	Tubing Pressure	Casing Pressure	
24 hrs.	0	0	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
24 hrs.	8	0	TSTM

40 acres Dev not reqd.

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.

Mark E. Weilder 3-30-81
(Signature)
Mark E. Weilder
(Title)
Consulting Petroleum Geologist
5/20/76 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 31 1981, 19____
BY *Frank J. Chang*
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed for 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.