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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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: Glorado 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 ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain):

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	3	Chaco Wash MV	State, Federal or Fee State	LG 2779
Location				
Unit Letter	B	990'	Feet From The North Line and 2310'	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, 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)					
NONE						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-2-76	12-25-77		773'		450'			
Elevations (DF, RXB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6440 GR	Menefee		287-293		290			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPT. FEET		SACKS CEMENT			
6 1/4"	4 1/2"		320		10 sk reg. cmt.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of hole 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	Date of Test	Producing Method (Flow, pump, lift, etc.)	Choke Size
12-30-77	12-30-77	Swabbed	1" line
Length of Test	Tubing Pressure	Casing Pressure	Gas-MOF
24 hrs.	0	0	TSTM
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	
	4	10	

40 acres Do not mfd.
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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
1-5-78
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 31 1981, 19
BY Sam T. Chy
SUPERVISOR DISTRICT #1
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 Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

DIST. 3