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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

312

I. Operator Basin Fuels Inc  
Address Suite 300; 300 W. Arrington; Farmington, NM 87401  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name McCollum Well No. 2 Pool Name, including Formation Franciscian Lake Mesa Verde Kind of Lease Federal Lease No. NM 7774  
Location  
Unit Letter P ; 330 Feet From The South Line and 990 Feet From The East  
Line of Section 12 Township 20N Range 6W , NMPM, McKinley County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Merit Oil Corp. Address (Give address to which approved copy of this form is to be sent)  
300 W. Arrington; Suite 300; Farmington, NM 87401  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
N/A 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. 12 Twp. 20N Rge. 6W Is gas actually connected? YES When 3-24-78

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) X Oil Well X Gas Well X New Well X Workover X Deepen X Plug Back X Same Res'v. X Diff. Res'v. X  
Date Spudded 12-23-77 Date Compl. Ready to Prod. 3-24-78 Total Depth 2817 P.B.T.D. 2775  
Elevations (DF, RKB, RT, GR, etc.) 6743 RKB Name of Producing Formation Mesa Verde Top Oil/Gas Pay 2720 Tubing Depth 2725  
Perforations 2728-31; 2735-39 Depth Casing Shoe 2817  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
12 1/2 8 5/8 96 30 sk.  
7 7/8 4 1/2 2817 325 sk.

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 3-25-78 Date of Test 4-1-78 Producing Method (Flow, pump, gas lift, etc.) PUMP  
Length of Test 24 Tubing Pressure 40 Casing Pressure 0 Choke Size N/A  
Actual Prod. During Test Oil-Bbls. 34 Water-Bbls. 155 Gas-MCF 35

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.

John Alexander  
John Alexander (Signature)

AGENT

(Title)

4-24-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED                     , 19                     

BY Original Signed by  
SUPERVISOR DIST. #3

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.

