

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
STATE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	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

API 30-031-20543

Operator WTR Oil Company	
Address P.O. Drawer H, Cortez, Colorado 81321	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 2	Pool Name, including Formation Wildcat Menefee	Kind of Lease State, Federal or Fee	Lease No. L-5115
Location Unit Letter C 350 Feet From The North Line and 1670 Feet From The West				
Line of Section 16 Township 19N Range 6W, NMPM, McKinley County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> K. E. McDougald Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 309, Moab, Utah 84532	
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 C	Sec. 16
	Twp. 19N	Rge. 6W
	Is gas actually connected? When	

If this production is commingled with that from any other lease or pool, give commingling order number:

VI. 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 August 15, 1978	Date Compl. Ready to Prod. October 25, 1978		Total Depth 2384		P.B.T.D. 2343			
Elevations (DF, RKB, RT, GR, etc.) 6842 GL	Name of Producing Formation Menefee		Top Oil/Gas Pay 2151		Tubing Depth 2161			
Perforations 2153 - 2166 2170 - 2172					Depth Casing Shoe 2287			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9"	7"		44		10 sks			
6 1/4"	4 1/2"		2287		260 sks			
	2 3/8"		2161					

VII. 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 November 20, 1978	Date of Test November 21, 1978	Producing Method (Flow, pump, gas lift, etc.) Pumping (D-25 National Unit)	
Length of Test 24 hours	Tubing Pressure 30 lbs.	Casing Pressure 30 lbs.	Choke Size Open
Actual Prod. During Test 43	Oil - Bbls. 33 Bbls.	Water - Bbls. 10	Gas - MCF 53,660

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate - MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VIII. 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.

[Signature]
(Signature)
Co - operator
(Title)
January 3, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 5 1979, 19
BY Original Signed by A. R. Kendrick
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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.