HO OF COPIES RECEIVED	•		
DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NEDODE OIL AND NATUDAL O	,)
LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (AS BY
TRANSPORTER OIL /		•	103
OPERATOR 2			API 30-031-20562
PRORATION OFFICE			
Cperator W T R Oil Company			
Address	Galamada 91221		
P.O. Drawer LL, Cortez Reason(s) for filing (Check proper box)		Other (Please explain)	· · · · · · · · · · · · · · · · · · ·
New Well IX	Change in Transporter of:		
Recompletion	OII Dry Gas	• 🔲	
Change in Ownership	Casinghead Gas Conden	sate [
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND I	LEASE		
Lease Name	Well No. Pool Name, Including Fo	Section Continue	i - ·
State Location	3 Star Mesa Ve	erde Side, 1 sters	State State
Unit Letter A ; 330	Feet From The North Line	and 990 Feet From	The East
Line of Section 16 Tow	mehip 19N Range	6W , NMPM, McKir	nley Count
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Oil		Address (Give address to which appro	
Giant Refinery		P.O. Box 256, Farming	ton, New Mexico 87401
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sem,
	Unit Sec. Twp. Pge.	Is gas actually connected? Wh	en
If well produces oil or liquids, give location of tanks.	C 16 19N 6W		•
If this production is commingled wit		give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Re
Designate Type of Completio		X	
Date Spuided	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3 - 29 - 1979	12 - 28 - 1979	2220'	1450'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6814 GL	Cliff House	1394'	1394'
Perforations			Depth Casing Shoe
1394'-1402 & 1427'-		· CENEUTING DECORD	2214'
	T	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	32'	10sks
611	45"	2214'	260sks
04	7 2		
			<u>i</u>
TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ifi, etc.)
12-13-1979	12-30-1979	Pumping D-30 Oilwel	1 Unit Choke Size
Length of Teet	Tubing Pressure	Casing Pressure	
24 Hr.	30 Lb.	TSTM Water-Bble.	Open Gas-MCF
Actual Prod. During Test 20 BBLS	18 BBLS	2 BBLS	TATA
20 0000	1 20 2220		/ 81 A A A A A A A A A A A A A A A A A A
GAS WELL	Length of Test	Bble, Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Faildti or fast		Ott est
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Sile

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.

•	
Lames Phosley.	_
(Signature) Co-Operator	
ov operator	•

January 8, 1980

(Dute)

OIL CONSERVATION COMMISSION

APPROVED JAN 1 0 1980

Original Signed by FRANK T. CHAVEZ 19

DEPUTY OIL & GAO.

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 NULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fift out only Sections I. II. III, and VI for changes of owner, ell 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.