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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

B.K.  
API 30-031-20565

I. Operator  
Colorado Plateau Geological Services, Inc.  
Address  
P.O. Box 537, Farmington, New Mexico 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 Santa Fe Pacific	Well No. 47	Pool Name, Including Formation Red Mountain MV	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter 0 ; 580 Feet From The South Line and 1400 Feet From The East Line of Section 20 Township 20N Range 9W , NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent) NA			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 20	Twp. 20N	Rge. 9W
	Is gas actually connected?		When	
	No			

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		X					
Date Spudded 5/1/79	Date Compl. Ready to Prod. 5/30/79		Total Depth 429.5'		P.B.T.D. --			
Elevations (DF, RKB, RT, GR, etc.) 6466 GR	Name of Producing Formation Mesaverde Sand		Top Oil/Gas Pay 420'		Tubing Depth 420'			
Perforations OH 420-429.5					Depth Casing Shoe 420'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
6 1/4	4 1/2" 10.50#		420		20			
	2-3/8 EUE 4.70#		420		-			

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 6/20/79	Date of Test 6/20/79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hr	Tubing Pressure -0-	Casing Pressure -0-	Choke Size 2" Open
Actual Prod. During Test	Oil - Bbls. 3	Water - Bbls. 2	Gas - MCF TS/M

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.

*Paul S. Anderson*  
(Signature)

Vice President

(Title)

7/5/79

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 24 1979, 19

BY Original Signed by A. R. Kendrick

API 30-031-20565

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.