

STATE OF NEW MEXICO  
 OIL AND NATURAL GAS DEPARTMENT

REGISTRATION	
SALES TAX	
PIIP	
USING	
LAND USE	
TRANSPORTER	
OPERATOR	
PRODUCTION	

**OIL CONSERVATION DIVISION**  
 P. O. BOX 7088  
 SANTA FE, NEW MEXICO 87501

Form 1-104  
 Revised 10-1-78

**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

**CAPITAL OIL & GAS CORPORATION**

Address: **P. O. BOX 2130 KILGORE, TEXAS 75662**

Reason(s) for filing (Check proper box):

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>S.F.P.R.R.</b>	Well No. <b>28</b>	Pool Name, including Formation <b>Miguel Creek - Gallup</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No. <b>09725</b>
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Location: Unit Letter **P** : **990** Feet From The **South** Line and **330** Feet From The **East**

Line of Section **20** Township **16N** 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"/>	Address (Give address to which approved copy of this form is to be sent)
<b>GIANT REFINING COMPANY</b>	<b>P. O. Box 256, Farmington, New Mexico 87401</b>
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 <b>A</b>	Sec. <b>29</b>	Twp. <b>16N</b>	Range <b>6W</b>	Is gas actually connected? <b>No</b>	When
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If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**COMPLETION DATA**

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Holes	<input type="checkbox"/> Diff. Holes
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.F.D.					
Deviation (DL, RAL, LI, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE ON 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

**RECEIVED**  
 AUG 22 1983

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Quantity of Condensate
Sealing Method (pilot, pack pt.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Darryl Hank*  
 (Signature)  
 Vice President  
 (Title)  
 9/1/83  
 (Date)

**OIL CONSERVATION DIVISION**

APPROVED *Frank J. Dancy* , 1983  
 BY  
 TITLE **SUPERVISOR DISTRICT # 3**

This form is to be filed in compliance with RULE 110a.  
 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.