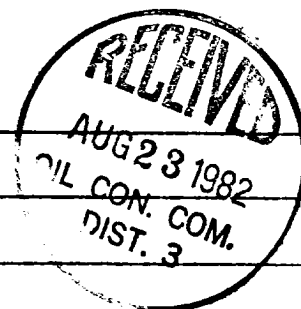


## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.C.	
LAND OFFICE	
TRANSPORTER	
U.N.	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Capital Oil &amp; Gas Corporation

Address

P. O. Box 2130, Kilgore, Texas 75662

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name S.P.P.R.R.	Well No. 48	Pool Name, Including Formation Miguel Creek Gallup	Kind of Lease State, Federal or Fee	Fee	Lease No. 0-9725
Location					
Unit Letter <u>L</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u>					
Line of Section <u>21</u> Township <u>16N</u> Range <u>6W</u> , NMPM, <u>McKinley</u> County					

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P.O.Box 1528, Farmington, New Mexico 87401	
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 <u>L</u>	Sec. <u>21</u>
	Twp. <u>16N</u>	Rge. <u>6W</u>
	Is gas actually connected? <u>No</u> When	

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

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>6/28/81</u>	Date Compl. Ready to Prod. <u>10/9/81</u>		Total Depth <u>856</u>		P.B.T.D. <u>856</u>			
Elevations (DF, RKB, RT, CR, etc.) <u>6443' GL</u>	Name of Producing Formation <u>Hospah (Upper Gallup)</u>		Top Oil/Gas Pay <u>832</u>		Tubing Depth <u>845</u>			
Perforations <u>792 - 856 Open Hole</u>					Depth Casing Shoe <u>792</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>7-7/8</u>	<u>5-1/2</u>		<u>792</u>		<u>125</u>			
	<u>2-3/8</u>		<u>845</u>					

## VI. 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 <u>10-9-81</u>	Date of Test <u>10-9-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hrs.</u>	Tubing Pressure <u>-0-</u>	Casing Pressure <u>-0-</u>	Choke Size <u>Open</u>
Actual Prod. During Test	Oil - Bbls. <u>4.1</u>	Water - Bbls. <u>-0-</u>	Gas - MCF <u>TSTM</u>

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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.

Representative  
(Title)October 29, 1981  
(Date)

## OIL CONSERVATION DIVISION

4-13-83  
APPROVED APR 13, 1983

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 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.