

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
EXEMPTION	
SANITARY	
FILE	
U.S. G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NAT	
OPERATOR	
PRODUCTION OFFICE	

Capital Oil & Gas Corporation

Address
P. O. Box 2130 Kilgore, Tx 75662

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"/>
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

DESCRIPTION OF WELL AND LEASE

Lease Name SFPRR	Well No. 84	Pool Name, including Formation Hospah-Gallup	Kind of Lease State, Federal or Fee	Fee	Lease N 09725
Location					
Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>2310</u> Feet From The <u>North</u>					
Line of Section <u>29</u> Township <u>16N</u> Range <u>6W</u> , NMPLA, McKinley Count					

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)
<u>Inland Corp.</u>	<u>Farmington, New Mexico</u>
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 Sec. Twp. Rge. Is gas actually connected? When
	NO

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Heav. Diff. Ites
<u>X</u>							
Date Spudded 3-16-82	Date Compl. Ready to Prod. 10-12-82	Total Depth 3100	P.B.T.D. 827				
Elevations (DF, KAU, RT, CR, etc.) 6425	Name of Producing Formation Hospah-Gallup	Top Oil/Gas Pay 760	Tubing Depth 747				
Perforations 760-770			Depth Casing Shoe 826				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 3/4	8 5/8	349	150
6 1/2	4 1/2	826	85
	2 3/8	747	

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-20-82	Date of Test 11-1-82	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24	Tubing Pressure 0	Casing Pressure Vac
Actual Prod. During Test 12	Oil - Bbls. 3	Water - Bbls. 11
		Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D TSTM	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) U	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 Blanks
(Signature)
U.P. Operations
(Title)
November 15, 1982
(Date)

OIL CONSERVATION DIVISION
4-18-83
APPROVED
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviate 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 multiple