

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
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PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

3079/10  
**RECEIVED**  
JUN 06 1986  
OIL CON. DIV.  
DIST. 3

I.

Operator Four Corners Exploration	
Address P.O. Box 1067 Farmington, N.M. 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lybrook	Well No. 4	Pool Name, including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter <u>K</u> : 1570 Feet From The <u>South</u> Line and 2390 Feet From The <u>West</u> Line of Section <u>3</u> Township <u>23</u> Range <u>7</u> , NMPM, 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"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, N.M. 87499					
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 3	Sec. 23	Twp. 7	Rge. 7	Is gas actually connected? No	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

James W. Corder  
(Signature)  
Drilling Engineer  
(Title)  
6-2-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 09 1986  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filled 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 filled for each pool in multiple completed wells.

#### IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-1-86		Date Compl. Ready to Prod. 5-21-86		Total Depth 5766			P.B.T.D. 5730		
Elevations (DF, RKB, RT, GR, etc.) 7130 GR		Name of Producing Formation Gallup		Top Oil/Gas Pay 5080			Tubing Depth 5571		
Perforations 5080 - 5662							Depth Casing Shoe 5766		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24#	222'	159 Cu.Ft. to circula
7 7/8	4 1/2 10.5#	5766	1958 Cu.Ft. to circula

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5-21-86	Date of Test 5-21-86	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 600	Choke Size 5/8
Actual Prod. During Test 24 BOLD	Oil - Bbls. 24 BOLD	Water - Bbls. 14 BOLD	Gas - MCF TSTM

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size