

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
APR 05 1988
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)

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

Other (Please explain)

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> : <u>1570</u> Feet From The <u>South</u> Line and <u>2390</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>23N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</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"/> Giant Refining	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"/> Tiffany Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 50, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When Yes 7-1-86

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.

(Signature)
Drilling Engineer
(Title)
4 April 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT #4

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
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Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (D.F., RKB, RT, CR, 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

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		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.	
				Gas - MCF	

GAS WELL

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