

NO. OF COPIES RECEIVED		1
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.T.

Operator Refiners Petroleum Corp.		
Address 900 Bank of New Mexico Building, Albuquerque, New Mexico 87101		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Well originally named Cuba No. 1 - has been changed to Cuba Union No. 1
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

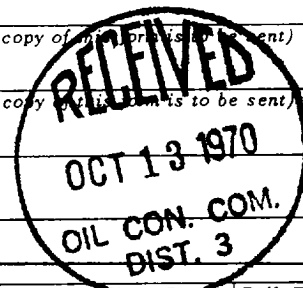
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cuba Union	Well No. 1	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee Jicarilla	Lease No. 411
Location				
Unit Letter A ; 990' Feet From The North Line and 990' Feet From The East				
Line of Section 25 Township 22 North Range 3 West , NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Farmington, New Mexico					
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)					
None						
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 25	Twp. 22N	Rge. 3W	Is gas actually connected? No gas	When



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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Stim. Res'v.	Diff. Res'v.
Date Spudded 8-28-70	Date Compl. Ready to Prod. 9-14-70		Total Depth 7187'		P.B.T.D. 7040'			
Elevations (DF, RKB, RT, GR, etc.) 7349' GR	Name of Producing Formation Graneros Dakota		Top Oil/Gas Pay 6878'		Tubing Depth 6904'			
Perforations 7060' - 7110' w/4 per ft, 6878' - 6914' w/4 per ft					Depth Casing Shoe 7186'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/8"	10-3/4"		213.50'		150 sz Cl A w/2% cc			
7-7/8"	4-1/2"		7186'		300 sz, circulated			
DV Tool set at 2717'		2-3/8"		6904'				

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 October 8, 1970	Date of Test October 8, 1970	Producing Method (Flow, pump, gas lift, etc.) Swabbing and flowing	
Length of Test 24 hrs	Tubing Pressure 0#	Casing Pressure 175#	Choke Size 2"
Actual Prod. During Test 441 Bbls	Oil - Bbls. 387	Water - Bbls. 54	Gas - MCF 787M

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Original Signed by
MORRIS B. JONES

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

OCT 13 1970

APPROVED _____, 19 _____

BY **Original Signed by Emery C. Arnold**

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.

