

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
PRODUCTION OFFICE	

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

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SEP 07 1984

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

OIL CON. DIV.
DIST. 2

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Gary- Williams Oil Producer

Address
% Ned Dollar, P.O. Box 399 Aztec, NM 87410

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input 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 San Isidro 15	Well No. #7	Pool Name, Including Formation Rio Puerco Mancos	Kind of Lease State, Federal or Fee Federal	Lease No. NM-36936
Location Unit Letter <u>SWNE G</u> 1650' Feet From The <u>North</u> Line and <u>1980'</u> Feet From The <u>East</u>				
Line of Section <u>15</u> Township <u>20N.</u> Range <u>3W.</u> NMPM, <u>Sandoval</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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 202 Petroleum Plaza Bldg. Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>15</u> Twp. <u>20N</u> Rge. <u>3W</u>	

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.

Ned Dollar
(Signature)
Agent

(Title)
September 7, 1984
(Date)

OIL CONSERVATION DIVISION
SEP - 7 1984

APPROVED _____, 19____
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
08-06-84	08-15-84		4366'			--			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6835' GR	Gallup		3766'			3226.92			
Perforations					Depth Casing Shoe				
open hole 3305-4366					--				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-1/2"		9-5/8"		494' KB		See Below			
8-3/4"		7"		3304.99'		See Below			
6-1/4"		2-3/8"		3226.92					

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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Flow	
08-14-84	08-30-84		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
9 Hrs.	138		42/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	240	-0-	9.45

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

Sacks Cement: 9-5/8" 150 sx 65/35 Poz Mix, 100 sx Class B.
7" Cement 300 sx Poz Mix, 100 sx Class B.