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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	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.K.

I.

Operator Reading & Bates Petroleum Co.	
Address 1050 17th Street Suite 1910 Prudential Plaza Denver, Colorado 80265	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 Federal 17	Well No. 1	Pool Name, Including Formation Chacon-Dakota Associated	Kind of Lease XXX , Federal of XXX	Lease No. NM03754
Location Unit Letter 0 ; 790 Feet From The South Line and 1900 Feet From The East Line of Section 17 , Township 24N Range 3W , NMPM, Rio Arriba 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, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 17	Twp. 24N	Rge. 3W	Is gas actually connected? NO	When Unknown

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	Same Res'v.	Diff. Res'v.
Date Spudded April 2, 1980	Date Compl. Ready to Prod. June 16, 1980		Total Depth 7659 KB		P.B.T.D. 7626 KB			
Elevation 7035 KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7324-7368 KB		Tubing Depth 7312 KB			
Perforations 7324-7368,	7440-7444,		7528-7546		Depth Casing Shoe 7657			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		344		circ. to surf.			
7 7/8	4 1/2		7657'		640 sks-2 stage			
	2 3/8		7312					

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 6-27-90	Date of Test 7-8-80	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 150 psi	Casing Pressure 1000 psi	Choke Size 3/4"
Actual Prod. During Test 144 Bbls.	Oil-Bbls. 144	Water-Bbls.	Gas-MCF 186

GAS WELL

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

James L. Hoffman
(Signature)

Petroleum Engineer

(Title)

7/11/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 2 1980

, 19

BY Original Signed by FRANK I. 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 Sections I, II, III, and VI only 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

