

NAME OF WELL	
LOCATION OF WELL	
DATE OF COMPLETION	
STATE	
U.S.G.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

LW 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

CORRECTED REPORT

Operator Beartooth Oil & Gas Company	
Address P. O. Box 2564, Billings, Montana 5910-	
Reason(s) for filing (Check proper box)	Other (Please explain)
Well Completion <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Well Name <u>WELL 41A MC</u>
Change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE

Well Name Minel-Federal	Well No. 1-2	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF080566A
Location Unit Letter <u>M</u> : <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u>				
Line of Section <u>7</u> Township <u>25 North</u> Range <u>3 West</u> , NMPM, <u>Rio Arriba</u> County				

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) 1616 Glenarm Place Security Life Building, Suite 1230, Denver, CO P. O. Box 1526, Salt Lake City, Utah 84110 P. O. Box 15015, Las Vegas, Nevada 89114
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp. (transporter) Southwest Gas Corporation (Purchaser)	Address (Give address to which approved copy of this form is to be sent) 80202
Well produces oil or liquids, or location of tanks.	Unit <u>E</u> Sec. <u>7</u> Twp. <u>25N</u> Rge. <u>3W</u> Is gas actually connected? <u>no</u> When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>7/14/81</u>	<u>9/23/81</u>	<u>8260'</u>	<u>8075'</u>					
Drillings (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>91' GL, 7205' KB</u>	<u>Point Lookout</u>	<u>5818'</u>	<u>6167'</u>					
Formations	Depth Casing Shoe							
<u>5818, 5820, 5865, 5869, 5875, 5879, 5894, 5904, 5907, 5909, 5917, 5921, 5934, 5965, 5999, 6000, 6016, 6020, 6030, 6035</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>335' KB</u>		<u>210 sacks</u>			
<u>7-7/8"</u>	<u>4-1/2"</u>		<u>8258' KB</u>		<u>1625 sacks (3 stages)</u>			

TEST DATA AND REQUEST FOR ALLOWABLE
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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

TEST WELL

Actual Prod. Test - MCF/D 1064 MCF/D	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) pilot	Tubing Pressure (Shut-in) 16 psi FTP	Casing Pressure (Shut-in) 325 psi FCP	Choke Size 1 1/2"

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

James G. Routson
(Signature)
James G. Routson, Petroleum Engineer
(Title)
10/23/81
(Date)
Resubmitted 10-5-84

OIL CONSERVATION COMMISSION

APPROVED 10/23/81, 19
BY Franklin C. Dwyer
TITLE SUPERVISOR DISTRICT # 3

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 Form C-104 must be filed for each pool in multiply completed wells.