STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER GAS		
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3141/R·
300/R·

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

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

RECEIVED
DEC 05 1984
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Joseph B. Gould

Address: P.O. Box 6568 Denver, Colorado 80206

Reason(s) for filing *(Check proper box)*
- [x] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Casinghead Gas
- [ ] Dry Gas
- [ ] Condensate

Other *(Please explain)*

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Phillips 32	6	West Lindrith Gallup Dakota	Federal	SF 07954

Location
Unit Letter B : 340 Feet From The North Line and 2280 Feet From The East
Line of Section 32 Township 25 N Range 3 W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [x] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Giant Refining Company	P.O. Box 256 Farmington NM 87499

Name of Authorized Transporter of Casinghead Gas [x] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
El Paso Natural Gas Co.	P.O. Box 990 Farmington, N.M. 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	32	25N	3W	NO	Estimated June 1985

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.

R D Simmons
(Signature)

Agent
(Title)

Dec. 5 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 05 1984, 19__

BY Original Signed by FRANK T. CHAVEZ

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 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. Re
	✓		✓					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-8-84	11-29-84	8220	8188
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
7339 RKB	GALLUP DAKOTA	6956	7715
Perforations			**Depth Casing Shoe**
GALLUP 6956-7358	DAKOTA 7862-8122		8220

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8-5/8	310	250 (295 cf)
7 7/8	4 1/2	8220	1750 (3389 cf)

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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-29-84	11-29-84	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
3 hrs	40	800	2"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
30	30	0	8

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**