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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

Replaces Old C-104 and
Effective 1-1-85

MAR 17 1986

OIL CON. DIV.
DIST. 3

I. Operator Benson-Montin-Greer Drilling Corp.

Address 221 Petroleum Center Building, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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 <u>Canada Ojitos Unit</u>	Well No. <u>28</u>	Pool Name, Including Formation <u>Puerto Chiquito Mancos</u>	Kind of Lease State, Federal or Fee <u>Federal NM</u>	Lease No. <u>33012</u>
Location Unit Letter <u>B</u> ; <u>393</u> Feet From The <u>north</u> Line and <u>2367</u> Feet From The <u>east</u> Line of Section <u>29</u> Township <u>25N</u> Range <u>1W</u> , NMPM, <u>Rio Arriba</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"/> <u>Ciniza Pipe Line, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1887, Bloomfield, NM 87413</u>
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)
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>29</u> Twp. <u>25N</u> Rge. <u>1W</u> Is gas actually connected? _____ 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	Same Res'v.	Diff. Res'v.
Date Spudded <u>11/06/85</u>	Date Compl. Ready to Prod. <u>02/10/86</u>	Total Depth <u>7500'</u>	P.B.T.D. <u>7'38'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>7496' GR</u>	Name of Producing Formation <u>Niobrara</u>	Top Oil/Gas Pay	Tubing Depth <u>7027'</u>					
Perforations <u>7026' - 7336' 42 holes</u>	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>13-3/4"</u>	<u>9-5/8"</u>	<u>519'</u>	<u>437 cubic feet</u>					
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>7490'</u>	<u>Stage 1 346 cu.ft.</u>					
			<u>Stage 2 1050 cu.ft.</u>					
			<u>Stage 3 1458 cu.ft.</u>					

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 <u>02/10/86</u>	Date of Test <u>3/14/86</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Gas Lift</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>460 psig</u>	Casing Pressure <u>1244 psig</u>	Choke Size <u>64/64</u>
Actual Prod. During Test	Oil - Bbls. <u>1209</u>	Water - Bbls. <u>10 frac water</u>	Gas - MCF <u>835 MCF</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

[Signature]
(Signature)
Vice President
(Title)
4/14/86
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 17 1986, 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.