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DISTRIBUTION			
SANTA FE			•
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		Ī
	GAS		
OPERATOR		3	
PRORATION OF			
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	DISTRIBUTION  SANTA FE   FILE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND					Form C-104  Supersedes Old C-104 and C-  Effective 1-1-65		
-	U.S.G.S.  LAND OFFICE  TRANSPORTER OIL / GAS  OPERATOR 3	AUTHORIZ	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
I	Operator									
	BENSON-MONTIN-GREER DRILLING CORP.									
	221 PETROLEUM CENTER BUILDING, FARMINGTON, NEW MEXICO 87401									
	Reason(s) for filing (Check proper					Other (Please e		1 100		
	New Well Recompletion	Change in Tra	nsporter of		_		7			
	Thange in Ownership	Oil Casinghead Go	as as	Dry Ga Conden	_	from 3	ransu	restern of	anke	12
	If change of ownership give name and address of previous owner									
IJ	. DESCRIPTION OF WELL AN	D LEASE								
	Lease Name  CANADA OJITOS UNI		Well No.			ng Fermation rto Chiqu	ito	Kind of Lease State, Federal		edeme l
	Location				<del></del>	_	Mancos		or ree	
	Unit Letter A ; 85	Feet From Th	ne <b>nor</b>	th Lin	e and	1030	Feet From	The <b>eas</b>	<u>t</u>	
	Line of Section 16	Township 25N	Ra	inge	1W	, NMPM,	R	io Arrib	8	County
Ш	. DESIGNATION OF TRANSPO	ORTER OF OIL AN	D NATHE	RAT. GA	S					
	Name of Authorized Transporter of	Oil 🛣 or Conder		UILL GIL	Address	(Give address to 1				be sent)
	Shell Oil Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas				Box 1588, Farmington, New Mexico  Address (Give address to which approved copy of this form is to be sent)					
		None			,	0000 444000 100	отен аррго	ca copy of this	orni is to	ve sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. 25N	Rge.	Is gas ac	tually connected?	Whe	en		
	If this production is commingled		<del></del>		give comm		ımber:			
IV.	COMPLETION DATA	Oil We		s Well	New Well		 Deepen	Plug Back S	ama Baala	. Diff. Restv.
	Designate Type of Comple	tion $-(X)$	!	., 922	11011 17011	I I	Deepen	Find Back   B	ame nes.v	. Dill. Restv.
	Date Spudded	Date Compl. Ready	to Prod.		Total Dep	oth		P.B.T.D.		
	i 'ool	Name of Producing	Formation		Top Oil/0	Gas Pay		Tubing Depth		
								Depth Casing S	'h a a	
								Depth Cashig t	inge	
	TUBING, CASING, AND CEME									
	HOLE SIZE	CASING & T	OBING SI	Z E.		DEPTH SET		SACI	SCEME	NT
V.	TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE		ust be aft	er recover	y of total volume or full 24 hours)	of load oil a	and must be equa	l to or exc	eed top allow
	Date First New Oil Run To Tanks	Date of Test		r this dep		Method (Flow, p	ump, gas lif	;, etc.)		
	Length of Test	Tubing Pressure			Casing Pr	1000010		Choke Size	: :	<del>,</del>
		rubing ressure			Casing Pi	essure		choke Size		
	Actual Prod. During Test	Oil-Bbls.			Water - Bb	ls.		Gas-MCF	<del>)</del>	,
										<del>*./</del>
	GAS WELL Actual Prod. Test-MCF/D	Length of Test							ರ	<i>f</i> '
	Actual Flots Test-MCF/D	Length of Test			Bbls. Con	densate/MMCF		Gravity of Conc	lensate	
	Testing Method (pitot, back pr.)	Tubing Pressure			Casing Pr	essure		Choke Size		
VI.	CERTIFICATE OF COMPLIA	NCE			<del></del>	01. 00	JSED\/A	TION COMM	201011	
					OIL CONSERVATION COMMISSION  APPROVED JAN 19 1967					
	I hereby certify that the rules and Commission have been complied	with and that the in	iformation	given	APPRO	·			, 19	
	above is true and complete to t	he best of my knowle	edge and t	oelief.	BY_C	Original Sign	ned by	Emery C.	Arnold	
					TITLE SUPERVISOR DIST. #3					
	Mugil 1	Loa	AK			is form is to be				
	(Sig	(nature)				his is a request is form must be				

January 18, 1967

(Date)

 $\,$  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 multiply completed wells.