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OPERATOR		4
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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



Operator		Harry L. Bigbee	
Address			
P. O. Box 669 Santa Fe, New Mexico 87501			
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease
Lease Name		4	Wildcat Graneros	State, Federal or Fee
Nancy				Federal
Location				
Unit Letter	F	2310	Feet From The North Line and	1980
			Feet From The West	
Line of Section	12	Township	24N	Range
			8W	NMPM, San Juan
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Bco, Inc.				P. O. Box 669 Santa Fe, N.M.	
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	Sec.	Twp.	Rge.	Is gas actually connected?
	F	12	24N	8W	NO

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.
		XXX		XXX	XXX	XXX					
Date Spudded	3-6-67	Date Compl. Ready to Prod.	3-24-67	Total Depth	7257	P.B.T.D.					
Pool	Wildcat Graneros	Name of Producing Formation	Graneros	Top Oil/Gas Pay	6944	Tubing Depth					
						6991					
Perforations	6950-6986					Depth Casing Shoe					
						7257					
TUBING, CASING, AND CEMENTING RECORD											
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
7 7/8"		4 1/2" J-55 10.50#		7257		650					
		2 3/8" 4.70 #		6991							

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	3-24-67	Date of Test	3-27-67
Length of Test	6 Hours	Producing Method (Flow, pump, gas lift, etc.)	Swabbing & Flow
Actual Prod. During Test	3-26-67	Tubing Pressure	Casing Pressure
			Choke Size
			OPEN
		Oil-Bbls.	Water-Bbls.
		151	18 frac' water
			TSTM

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	

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>MAR 28 1967</u> , 19	
		BY <u>Original Signed by Emery C. Arnold</u>	
		TITLE <u>SUPERVISOR DIST. #13</u>	
Harry L. Bigbee (Signature) Vice President (Title) 3-28-67 (Date)		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 multiply completed wells.	

