| . OF COPIES RECEIVED | | 4 | |
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| DISTRIBUTION | | | |
| ITA FE | | 1 | |
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| .G.S. | | | |
| ND OFFICE | | Ī | |
| ANSPORTER | OIL | L | |
| | GAS | | |
| ERATOR | | 1 | |
| DRATION OFFICE | | | |

Vice-President

March 14, 1972

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| ERATOR / | | | |
|-------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------|
| ORATION OFFICE | | | |
| BENSON-MON | TIN-GREER DRILLING COL | RP. | |
| ess | | TABLETICE OF ORIGINAL | |
| 221 PETROLI | EUM CENTER BUILDING, I | | L |
| Well | Change in Transporter of: | Other (Please explain) | - following includes |
| ompletion | Oil Dry Go | | e following inclusion ing area, Canada |
| nge in Ownership | Casinghead Gas Conder | | ing area, canada |
| ange of ownership give name | | | |
| address of previous owner | | *************************************** | |
| CRIPTION OF WELL AN | D LEASE | | |
| se Name | Well No. Pool Name, Including F | l . | |
| ANADA OJITOS UNI | T 13 PUERTO CHIQU | UITO MANCOS State, Federa WEST | or Fee FED. SF 081222-1 |
| | 1415 Feet From The south Lin | 740 Foot From 5 | west |
| Jnit Letter ; | Feet From The Bodon Lin | e and Feet From 7 | he |
| Line of Section 27 | Township 26N Range | lw , nmpm, R | io Arriba County |
| | | | |
| ne of Authorized Transporter of C | RTER OF OIL AND NATURAL GA | Address (Give address to which approx | ped copy of this form is to be sent) |
| Shell 0 | IT Co | | , , , , , , , , , , , , , , , , , , , , |
| ne of Authorized Transporter of C | Casinghead Gas or Dry Gas | Address (Give address to which approx | ved copy of this form is to be sent) |
| | | | |
| vell produces oil or liquids, e location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? Whe | •n |
| | | | |
| is production is commingled to MPLETION DATA | with that from any other lease or pool, | give commingling order number: | |
| Designate Type of Complet | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| e Spudded | Date Compl. Ready to Prod. | Take) David | D.P. T. |
| e Spuaded | Date Compi. Reday to Prod. | Total Depth | P.B.T.D. |
| vations (DF, RKB, RT, GR, etc., | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | | | |
| forations | | | Depth Casing Shoe |
| | TURING CASING AND | CEMENTING RECORD | <u> </u> |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |
| ST DATA AND REQUEST | FOR ALLOWARIE (Test must be a | feer recovery of total values of land oil | and must be equal to or exceed top allow- |
| WELL WELL | able for this de | pth or be for full 24 hours) | JOETHA |
| te First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lif | " "") (of 1.11VED) |
| ngth of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | MAD 1 5 1972 |
| tual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas MC MAR 1 5 1972 |
| | | | OIL CON. COM. |
| a wor - | | | DIST. 3 |
| S WELL tual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| sting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | <u> </u> |
| RTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| | d samulations of the Oil Comment | APPROVEDMAR | 1 972 1972 |
| mission have been complied | d regulations of the Oil Conservation with and that the information given | Original Signed h | • |
| ve is true and complete to t | the best of my knowledge and belief. | 01 | |
| | | TITLE SUPERVISOR DIST. #3 | |
| 1/2-11 | | This form is to be filed in o | compliance with RULE 1104. |
| 1/flest | & SISTER | If this is a request for allow | able for a newly drilled or despensed nied by a tabulation of the deviation |
| asi | gnature) | well, this form must be accompa- tests taken on the well in accor | dance 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.

STARS MAKE