

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

|                        |            |
|------------------------|------------|
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| SANTA FE               |            |
| FILE                   |            |
| U.S.G.S.               |            |
| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PERMITS OFFICE         |            |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
SIMS OIL COMPANY, INC.Address  
BOX 1097, FARMINGTON, N. M. 87499

Reason(s) for filing (Check proper box)

|                     |                          |                           |                                     |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well            | <input 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 checked="" type="checkbox"/> |

Other (Please explain)

Effective 4-1-84

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

|   |                |  |  |                        |
|---|----------------|--|--|------------------------|
| Lease Name<br>SALAZAR <del>REDACTED</del>   | Well No.<br>4E | Pool Name, Including Formation<br>BASIL D.KOTA | Kind of Lease<br>State, Federal or Fee FED | Lease No.<br>SF-08C136 |
| Location<br>Unit Letter F ; 1630 Feet From The NORTH Line and 1460 Feet From The WEST<br>Line of Section 34 Township 25N Range 6W , NMPM, RIO ARRIBA County |                |  |  |                        |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |            |             |            |                                  |                             |
|---|--|------------|-------------|------------|----------------------------------|-----------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>GIANT REFINING COMPANY          | Address (Give address to which approved copy of this form is to be sent)<br>BOX 256, FARMINGTON, N. M. |            |             |            |                                  |                             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>EL PASO NATURAL GAS CO. | Address (Give address to which approved copy of this form is to be sent)<br>BOX 1492, EL PASO, TEXAS   |            |             |            |                                  |                             |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>F  | Sec.<br>34 | Twp.<br>25N | Rge.<br>6W | Is gas actually connected?<br>No | When<br>As soon as possible |

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        | Gas Well          | New Well | Workover     | Deepen | Plug Back | Same Rest'v. | Diff. Rest' |
| Date Spudded                        | Date Compl. Ready to Prod.  | Total Depth     |                   |          | P.B.T.D.     |        |           |              |             |
| Elevations (DF, R&B, RT, GR, etc.,) | Name of Producing Formation | Top Oil/Gas Pay |                   |          | Tubing Depth |        |           |              |             |
| Perforations                        |                             |                 | Depth Casing Shoe |          |              |        |           |              |             |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 all  
able for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

## 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  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.

E. A. Clement, Agent

(Title)

3-10-84

(Date)

## OIL CONSERVATION DIVISION

APPROVED  APR 03 1984, 19BY 

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 deepen  
well, this form must be accompanied by a tabulation of the deviat  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne  
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multip  
completed wells.