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LAND OFFICE	
TRANSPORTER	OIL / GAS
OPERATOR	3
PRODUCTION OFFICE	

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

I. OPERATOR
BEENSON-MONTIN-GREER DRILLING CORP.

Address: **158 PETROLEUM CENTER BUILDING, FARMINGTON, NEW MEXICO**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in ownership Casinghead Gas Condensate

Other (Please explain):
**Change in Operator
 Change in Well Name and Number**

If change of ownership give name and address of previous ~~owner~~ **opr.: R. L. Bayless, Box 1541, Farmington, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	JICARILLA 237	Well No.	1	Pool Name, including Formation	Puerto Chiquito	Kind of Lease	Indian		
Location							State, Federal or Fee		
Unit Letter	L	Feet From The	471		south	and	666	Feet From The	west
Line of Section	29	Township	27N	Range	1E	NMPM,	Rio Arriba	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"/>	Shell Oil Company	Address (Give address to which approved copy of this form is to be sent)	Box 1588, Farmington, New Mexico				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	None	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 K	Sec. 29	Twp. 27N	Rge. 1E	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

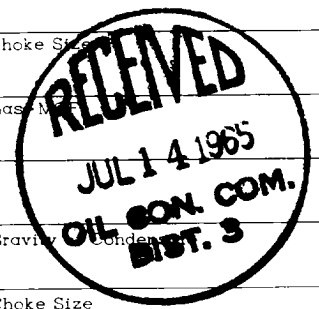
Designate Type of Completion - (X)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.	Pool	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 allowable 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-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Albert R. Greer
 (Signature)

Vice-President
 (Title)

July 12, 1965
 (Date)

OIL CONSERVATION COMMISSION
 Original Signed By

APPROVED **A. R. KENDRICK**, 19

BY **JUL 14 1965**

TITLE **PETROLEUM ENGINEER DIST. NO. 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 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.