

NO. OF COPIES RECEIVED	6
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	3
PRORATION 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**
INENSON-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: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
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.** **6** **Pool Name, including Formation** **Puerto Chiquito** **Kind of Lease** **Indian**
Location **(I-29)**
Unit Letter **I** **Feet From The** **471** **Line and** **660** **Feet From The** **east**
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 ☒ **or Condensate** ☐
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 ☐ **or Dry Gas** ☐
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?** **No** **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) **Oil Well** **Gas Well** **New Well** **Workover** **Deepen** **Plug Back** **Same Res'v.** **Diff. Res'v.**
Date Spudded **Date Compl. Ready to Prod.** **Total Depth** **P.S.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-MCF

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

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.

W. L. Greer
(Signature)

Vice-President
(Title)

July 12, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 14 1965**, 19
Original Signed By
BY **A. R. KENDRICK**

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.

