

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
PRORATION OFFICE	

I.

Operator Bolin Oil Company	
Address P. O. Box 400, Aztec, New Mexico 87410	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Candado	Well No. 16	Pool Name, Including Formation Blanco MV (Ext)	Kind of Lease State, Federal or Fee Fed.	Lease No. 079107
Location Unit Letter A ; 945' Feet From The N Line and 790' Feet From The E Line of Section 25 Township 26N Range 7W , 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 990, Farmington, N. Mex. 87401	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 25
	Twp. 26N	Rge. 7W
	Is gas actually connected? No	

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.
		X	X					
Date Spudded 1/13/76	Date Compl. Ready to Prod. 10/27/76		Total Depth 5152'		P.B.T.D. 5142' KB			
Elevations (DF, RKB, RT, GR, etc.) 6457' GL	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 4876'		Tubing Depth 4899'			
Perforations 4876' - 5046'					Depth Casing Shoe 5142' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		170'		90 SXS			
7 7/8"	5 1/2"		5142'		665 SXS			
	1 1/2" tbg.		4899'					

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 TSTM	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (shut-in) 1163#	Casing Pressure (shut-in)	Choke Size 3/4"

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.

F. P. Crum Jr.
(Signature)
agent, Bolin Oil Co.
(Title)
11/15/76
(Date)

***Notarized deviation survey filed w/ NMOCC

OIL CONSERVATION COMMISSION

APPROVED JAN 11, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPPLEMENT

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 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.