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

API 30-039-22016

Operator
 Palmer Oil & Gas Company

Address
 P. O. Box 2564, Billings, Montana 59103

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change In Ownership Casinghead Gas Condensate

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Apache JVA	Well No. 7	Pool Name, including Formation Blanco - Mesa Verde	Kind of Lease State, Federal or Fee Joint Venture	Lease No.
Location Unit Letter <u>J</u> ; <u>1820</u> Feet From The <u>South</u> Line and <u>1500</u> Feet From The <u>East</u>				
Line of Section <u>17</u> Township <u>27N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, New Mexico 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1526, Salt Lake City UT 84110				
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 17	Twp. 27N	Rge. 2W	Is gas actually connected? When No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. 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 5/11/79	Date Compl. Ready to Prod. 8/3/79	Total Depth 6170'			P.B.T.D. 6167'			
Elevations (DF, RAB, RT, GR, etc.) 7238' GL, 7250' KB	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5757'			Tubing Depth 6160'			
Perforations 5645, 5686, 5737, 5744, 5750, 5829, 5838, 5886, 5888' 5942, 5964, 5973, 5982, 5986, 5994, 5997, 6022, 6027, 6079, 6109, 6112					Depth Casing Shoe 6170'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		345'		275			
8-3/4"	7"		3949'		200			
6-1/4"	4-1/2"		6170'		600			

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 1368	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 677	Casing Pressure (Shut-in) 453	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.

PALMER OIL & GAS COMPANY

By: Robert D. Ballantyne
 (Signature)

Robert D. Ballantyne, Drilling Superintendent
 (Title)

August 1, 1979
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY Original Signed by A. E. Kendrick

TITLE _____

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.