

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	/
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	4
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

BENSON-MONTIN-GREER DRILLING CORP.

Address: **158 Petroleum Center Building, Farmington, New Mexico**

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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA 237	Well No. 13	Pool Name, Including Formation Puerto Chiquito	Kind of Lease State, Federal or Fee Indian
Location:			
Unit Letter F	Feet From The 1857	Line and north	Feet From The 1860 west
Line of Section 30	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 F Sec. 30 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-30-65	Date Compl. Ready to Prod. 9-19-65	Total Depth 3862'	P.R.T.D. 2950'					
Pool Puerto Chiquito	Name of Producing Formation Mancos	Top Oil/Gas Pay 2889'	Tubing Depth 2868'					
Perforations 2932-2942, 15 holes. 2889-2899, 13 holes			Depth Casing Shoe 2959'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14"	10-3/4"	108	100					
8-3/4"	7"	2959	100					
2x3/8"	2-3/8"	2868	100					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 9-19-65	Date of Test 9-20-65	Producing Method (Flow, pump, gas lift, etc.) Pump	RECEIVED SEP 24 1965 OIL CON. COM. DIST. 3
Length of Test 24 hours	Tubing Pressure	Casing Pressure	
Actual Prod. During Test:	Oil-Bbls. 195	Water-Bbls. 0	
		Gas-MCF 28.69	

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.

Albert Ripner
(Signature)

Vice-President
(Title)

September 22, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 24 1965**, 19_____
BY **Original Signed Emery C. Arnold**
TITLE **Supervisor Dist. # 8**

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.