

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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. Requester's Company  
600 Richardson Building, Denver, Colorado 80202  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Renaming Action ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change in name only as requested by New Mexico Oil Conservation Commission's letter dated January 21, 1966.

If change of ownership give name  
of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name <u>Opera "J" Cor.</u>	Well No. <u>#1</u>	Pool Name, Including Formation <u>Galleros Gallup</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location Section <u>16</u> , Township <u>26N</u> , Range <u>11W</u> , NMPM, <u>San Juan, New Mexico</u> County			
This Well is <u>D</u> <u>700</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u>			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Emery C. Arnold</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1702, Farmington, New Mexico 87401</u>
Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Emery C. Arnold</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 990, Farmington, New Mexico 87401</u>
Is gas actually connected? <input type="checkbox"/> When	

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

Estimated Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. 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)

New Well Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Flow Test	Tubing Pressure	Casing Pressure
Artificial Lift Test	Oil-Bbls.	Water-Bbls.

CHOKE SIZE  
FEB 23 1966  
GAS-MCF  
OIL CON. COM.  
DIST. 3

Artificial Lift Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

V. 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.

Emery C. Arnold  
(Signature)  
Production Sup't.  
(Title)  
February 15, 1966  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 23 1966, 19  
BY Original Signed Emery C. Arnold  
TITLE Supervisor Dist. # 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 statement of the tests taken on the well in accordance with RULE 1104.

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 name, well name or number, or transporter or other similar conditions.

Separate Forms C-104 must be filed for each well to be recompleted.