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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	3
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-105  
Effective 1-1-65

I. Operator  
**READING & BATES PETROLEUM CO.**  
Address **c/o Walsh Engineering & Production Corp.**  
**P. O. Box 254 Farmington, N.M. 87401**  
Reason(s) for filing (check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner **R B PETROLEUM COMPANY, c/o Walsh Engineering & Production Corporation, P.O. Box 254, Farmington, N.M. 87401**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Navajo Tocito** Well No. **1** Pool Name, including Formation **North Tocito Dome** Kind of Lease **Navajo** Lease No. **14-20-603-5019**  
Location **Unit Letter G** **1980** Feet From The **North** Line and **1980** Feet From The **East**  
Line of Section **9** Township **26N** Range **18W** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**PERIAM CORPORATION** **Permian (Ch. 9 / 1-80)** Address (Give address to which approved copy of this form is to be sent) **P.O. Box 1702, Farmington, N.M. 87401**  
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 Sec. Twp. Rge. Is gas actually connected? 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.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) 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 (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)  
OIL WELL  
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 (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) 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.

FOR: **READING & BATES PETROLEUM CO.**

ORIGINAL SIGNED BY  
**EWELL N. WALSH.**

**Ewell N. Walsh, PE (Signature) President**  
**Walsh Engineering & Production Corp.**

(Title)

**5/19/80**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 20 1980**  
Original Signed By **CHARLES OHOLSON** - 19

BY **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

TITLE  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.