

| | |
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| DISTRIBUTION | |
| SANTA FE | 1 |
| FILE | 1 |
| 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

I. Operator
William C. Russell

Address
1775 Broadway New York, New York 10019

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|------------------|---|---|-----------------------|
| Lease Name Graham | Well No. 51-A | Pool Name, including Formation Blanco Mesa Verde | Kind of Lease State, Federal or Fee FED. | Lease No. NM-65791 |
| Location Unit Letter J ; 1725 Feet From The East Line and 1775 Feet From The South | | | | |
| Line of Section 10 Township 27 North Range 8 West , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|---|------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Crude | Address (Give address to which approved copy of this form is to be sent) Farmington, N. M. | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) El Paso, Texas | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 10 |
| | Twp. 27N | Rge. 8W |
| | 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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 5-1-75 | Date Compl. Ready to Prod. 5-28-75 | Total Depth 4600 | P.B.T.D. - | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 5907 GR | Name of Producing Formation Mesa Verde | Top Oil/Gas Pay 4380 | Tubing Depth 4456 (16'perfs) | | | | | |
| Perforations 4380-4530 | Depth Casing Shoe 4595 | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 12 1/4 | CASING & TUBING SIZE 8 5/8 | DEPTH SET 218 | SACKS CEMENT 250 | | | | | |
| 7 7/8 | 4 1/2 | 4595 | 900 | | | | | |
| | 1 1/2 | 4446 | tubing | | | | | |

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 2,821 | Length of Test 3 hrs. | Bbls. Condensate/MMCF - | Gravity of Condensate 620 |
| Testing Method (pitot, back pr.) back pr. | Tubing Pressure (shut-in) 1048 | Casing Pressure (shut-in) 1048 | 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.

William C. Russell
(Signature)

Operator

(Title)

6-9-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 12 1975

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. 37

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 new or recompleted wells.