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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

Operator Coleman Oil & Gas, Inc.	
Address % W. M. Gallaway, 3005 Northridge Dr., Ste. I, Farmington, N. M. 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Navajo Smith	Well No. 1	Pool Name, including Formation Gallegos-Gallup	Kind of Lease Navajo Allot. State, Federal or Fee NOOC-14-20	Lease No. 3629
Location Unit Letter G 1650 North 1650 East Line of Section 24 26 North Range 12 West N.M.P.M. San Juan 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"/> Gary-Williams Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Bloomfield, N. M. 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 24	Twp. 26N	Rge. 12W	Is gas actually connected? Yes	When

If this production is commingled with that from any other lease or pool, give commingling order number: R-6761

V. 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			

VI. 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

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GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)		Choke Size	
Producing Method (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		DIST. 3	

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED JUL 11 1990	
BY _____		BY _____	
TITLE _____		TITLE SUPERVISOR DISTRICT #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 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 multiple			

W. M. Gallaway  
Signature: W. M. Gallaway  
Engineer

July 1, 1990

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Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Smith	Well No. 1	Pool Name, including Formation San Juan Undesignated Greenhorn	Kind of Lease Navajo Allot. State, Federal or Fee	Lease No. NOOC-14-20-3629
Location G 1650 Feet from the North Line and 1650 Feet from the East				
Line of Section 24 Township 26 North Range 12 West, NMPM, San Juan County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Bloomfield, N. M. 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 24	Twp. 26N	Rge. 12W	Is gas actually connected? Yes	When

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

VI. 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		

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-Mcft

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/Day	Mcft of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

W. M. Gallaway  
W. M. Gallaway

July 1, 1990  
Engineer

OIL CONSERVATION COMMISSION  
JUL 11 1990

APPROVED \_\_\_\_\_, 19

BY Supervisor  
TITLE SUPERVISOR DISTRICT 13

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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.

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If change of ownership give name  
and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Smith	Well No. 1	Pool Name, Including Formation Basin Dakota <i>Codes</i>	Kind of Lease Navajo Allot. State, Federal or Fee NOOC-14-20	Lease No. 3629
Location Section <u>G</u> <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Line of Section <u>24</u> Township <u>26</u> North Range <u>12</u> West, NMPM, San Juan				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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If well produces oil or liquids, give location of tanks.	Unit G	Sec. 24	Twp. 26N	Rge. 12W
		Is gas actually connected?		When
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If this production is commingled with that from any other lease or pool, give commingling order number: R-6761

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TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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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.	

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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Oil CON. DIV. DIST. 3
Testing Method (pitot, 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.

*W. M. Gallaway*  
(Signature) W. M. Gallaway  
Engineer

(Title)

July 1, 1990

(Date)

OIL CONSERVATION COMMISSION

JUL 11 1990

APPROVED \_\_\_\_\_, 19\_\_

BY *[Signature]*

TITLE SUPERVISOR DISTRICT #3

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