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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

B.K.

I. Operator **Davis Drlg., Inc.**
Address **P. O. Box 757, Great Bend, Kansas 67530**
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 Apache	Lease No. 240	Well No. 4	Pool Name, Including Formation Boulder Mancos	Kind of Lease State, Federal or Fee Federal
Location Unit Letter F ; 1785 Feet From The N Line and 1840 Feet From The W Line of Section 26 Township 28N Range 1W , 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"/>	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. 26 Twp. 28N Rge. 1W Is gas actually connected? <input type="checkbox"/> 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 type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date started Recompletion 8/24/74	Date Compl. Ready to Prod. 9/4/74	Total Depth 4325	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) G 7194 KA 7205	Name of Producing Formation Upper Lower Mancos & Gallup	Top Oil/Gas Pay 3805	Tubing Depth 4240					
Perforations						Depth Casing Shoe 3805		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4	8 5/8		1095 140		100 sacks			
7 7/8	5 1/2		3805		125 sacks			
2-3/8 tubing	2-3/8 tubing		4240					

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 9/6/74	Date of Test 9/21/74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 2 days	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 30 bbls	Oil - Bbls. 15 bbls. per day	Water - Bbls. 0	Gas - MCF

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.

F.L. Davis
(Signature)

President, Davis Drlg., Inc.
(Title)

9/27/74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____

BY _____

TITLE _____

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 multiply completed wells.