## 1-Shell NO. OF COPIES RECEIVED 1-File DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER Change of operator OPERATOR from Dunn 2-19-68 PRORATION OFFICE Sam C. Operator t.a Dr. Sam G. Dunn Sam G. Dunn Oil Operations Box 3095 1312 Main Street, Lubbock, Texas Lubbeck, Texas 794 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ Socony Mobil Oil Co., Inc., P. Q. Box 3371, Durango, Colo. II. DESCRIPTION OF WELL AND LEASE Lease Name / Jicarilla Lease No. Well No. Pool Name, Including Formation Kind of Lease Federal Contract #241 Boulder 6 Boulder Mancos State, Federal or Fee (Indian) 1980 Feet From The South Line and 1650 Unit Letter \_ Feet From The \_ West Line of Section 23 Township 28N lW Range Rio Arriba . NMPM. Address (Give address to which approved copy of this form is to be sent) Shell Oil Company 705 Municipal Dr., Farmington, N.M. Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Unit Sec. Twp. Rge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. N 14 28N | 1W No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Same Res'v. Diff. Res'v. Designate Type of Completion - (X) 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 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 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. 117 **GAS WELL** Actual Prod. Test-MCE/D Length of Test Bbls. Condensate/MMCF Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure

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.

> ORIGINAL SIGNED BY LEWIS C. JAMESON

(Signature)

April 1, 1
(Date) <u> 1966</u>

JION COMMISSION

County

Original Signed Emery C. Arnold BY\_

1966

Supervisor Dist. # 3 TITLE

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APPROVED

OIL CONSERVA

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.