

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 1-1-67

NO. OF COPIES REQUIRED	3
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	
PRODUCTION OFFICE	

Tennessee Oil Company

Address  
P. O. Box 1714, Durango, Colorado 81301

Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of:  
Recovery Lease ☐ Oil ☐ Dry Gas ☐ Effective first delivery  
Change in Ownership ☐ Casingshead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name Bolack "B"	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>I</u> ; <u>1450</u> Feet From The <u>South</u> Line and <u>910</u> Feet From The <u>East</u> Line of Section <u>29</u> , Township <u>27N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>29</u> Twp. <u>27</u> Rge. <u>8</u>	Is gas actually connected? <u>No</u> When <u>On Apprvl.</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" 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 Spud led 5/27/66	Date Compl. Ready to Prod. 7/13/66	Total Depth 6988	P.B.T.D. 6953
Pool Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 6827	Tubing Depth 6861
Perforations 6827-(880, 6688-6770)	Depth Casing Shoe 6988		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12-1/2	CASING & TUBING SIZE 8-5/8	DEPTH SET 540	SACKS CEMENT 175 sx
7-7/8	4-1/2	6987	350 sx 1st stage
			80 sx 2nd stage
			400 sx 3rd stage

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 2596	Length of Test 3 hours	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (plot, back pr.) Back Ir.	Tubing Pressure 233	Casing Pressure 597	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.

Senior Production Clerk

(Title)

March 29, 1967

(Date)

OIL CONSERVATION COMMISSION

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

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #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 Sections I, II, III, and VI only 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.