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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-114
Effective 1-1-65

B.K.

I. Operator
Dietrich Exploration Company, Inc.
Address
602 Midland Savings Bldg., 444 17th St., Denver, CO 80202
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 Federal	Well No. 2	Pool Name, including Formation Gallegos Gallup Ext	Kind of Lease State, Federal or Fee Federal	Lease No. NM-12021
Location Unit Letter I ; 1850 Feet From The south Line and 990 Feet From The east Line of Section 27 Township 27N Range 13W , NMPM, San Juan 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"/> Merit Oil Corporation	Address (Give address to which approved copy of this form is to be sent) 300 West Arrington, Farmington, NM 87401					
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 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 27	Twp. 27N	Rge. 13W	Is gas actually connected? Yes	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 checked="" 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 Spudded 7-30-77	Date Compl. Ready to Prod. 8-25-77		Total Depth 5382		P.B.T.D. 5342			
Elevations (DF, RKB, RT, GR, etc.) 6105 GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5166-5246		Tubing Depth 5281			
Perforations 5233-5245, 5219-5225, 5173-5179					Depth Casing Shoe 5380			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		215'		200 sacks "B" + 2% CaC			
7 7/8"	4 1/2"		5380'		200 sacks 50-50 Poz			
	2 3/8"		5281'					

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 9-17-77	Date of Test 9-20-77	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 25	Choke Size
Actual Prod. During Test 98	Oil - Bbls. 98	Water - Bbls. 15 1/2	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 (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.

William T. Jones
William T. Jones (Signature)

Agent

(Title)

September 22, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY ORIGINAL SIGNED BY N. E. MAXWELL, JR.

TITLE PETROLEUM ENGINEER, 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 deviate 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 name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.