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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

LS

I. Operator John Staver
Address 10600 1st Avenue NW Room 200 Edinburg Texas 79526
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) Well has been shut in from date of completion

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>TRIPLE 11-2-81</u>	Well No. <u>8</u>	Pool Name Including Formation <u>Little Mesa Dakota</u>	Kind of Lease State, Federal or Fee <u>Minors</u>
Location Unit Letter <u>E D</u> <u>920</u> Feet From The <u>North</u> Line and <u>720</u> Feet From The <u>West</u> Line Line or Section <u>3</u> Township <u>27N</u> Range <u>17W</u> , NMPM, <u>San Juan</u> 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"/> <u>Reunion Corp</u>	Address (Give address to which approved copy of this form is to be sent) <u>Reunion Corp, P.O. Box 1000, Edinburg, Texas 79526</u>					
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 <u>E</u>	Sec. <u>3</u>	Twp. <u>27N</u>	Rge. <u>17W</u>	Is gas actually connected? <u>NR</u>	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 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 <u>6-9-76</u>	Date Compl. Ready to Prod. <u>11-2-81</u>		Total Depth <u>1462</u>		P.B.T.D. <u>1382</u>			
Pool <u>Dakota</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>1376</u>		Tubing Depth <u>1352</u>			
Perforations <u>20 shots in granite 1325' to 1380'</u>					Depth Casing Shoe <u>1369</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>7 7/8"</u>	CASING & TUBING SIZE <u>2 1/2"</u>		DEPTH SET <u>1362</u>		SACKS CEMENT <u>35</u>			

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 <u>11-8-81</u>	Date of Test <u>11-10-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>3 Hrs</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>96613</u>	Oil - Bbls. <u>8 (8) - 24 hrs</u>	Water - Bbls. <u>8</u>	Gas - MCF <u>0</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate	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.

(Signature)

(Title)

(Date)

RECEIVED
NOV 16 1981
OIL CON. COM.
DIST. 3

APPROVED
NOV 16 1981

Original Signed by FRANK T. CHAVEZ
BY _____
SUPERVISOR DISTRICT #. P

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 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.