

5 NMCO 1 Gen. Pet. 1 MC Hugh

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

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SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

I. Operator General Petroleum Corp.
Address Box 234, Farmington, N.M. 87401
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	<u>Rock Island</u>	Well No.	<u>1</u>	Pool Name, Including Formation	<u>Basin Dakota</u>	Kind of Lease	<u>State, Federal or Fee Fed</u>	Lease No.	
Location	Unit Letter <u>D</u> : <u>1160</u> Feet From The <u>North</u> Line and <u>910</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>29N</u> Range <u>9W</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"/>	<u>Rock Island Oil & Ref.</u>	Address (Give address to which approved copy of this form is to be sent)	<u>321 W. Douglas, Wichita, Kansas</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent)	<u>Box 990, Farmington, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>22</u> Twp. <u>29N</u> Rge. <u>9W</u>	Is gas actually connected?	<u>No</u> When <u>6-23-67</u>

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	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	<u>12-12-66</u>	Date Compl. Ready to Prod.	<u>1-4-67</u>	Total Depth	<u>6850</u>	P.B.T.D.	<u>6848</u>	
Elevations (DF, RKB, RT, CR, etc.)	<u>5754</u>	Name of Producing Formation	<u>Dakota</u>	Top Oil/Gas Pay	<u>6581</u>	Tubing Depth	<u>6746</u>	
Perforations	<u>6581 to 6846</u>					Depth Casing Shoe	<u>6850</u>	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>13 3/4</u>	<u>10 3/4</u>	<u>32.40</u>	<u>150</u>
<u>9 1/2</u>	<u>7 5/8</u>	<u>24.0</u>	<u>225</u>
<u>6 3/4</u>	<u>4 1/2</u>	<u>10.54</u>	<u>785</u>
	<u>1 1/4</u>	<u>2.4</u>	<u>6746</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	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

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JUN 21 1967

OIL CON. COM.

DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>IP-1605 CAF 2040</u>	<u>3 hr.</u>		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>one point back press.</u>	<u>2001</u>	<u>2022</u>	<u>3/4</u>

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.

J. A. Duggan
Agent
6-20-67
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 21 1967, 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 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 well in multiply completed wells.