

5-000, Aztec, N.M.

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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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	
PRORATION OFFICE	

I. Operator
Southwest Production Company

Address
P. O. Box 400, Aztec, New Mexico 87410

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter **from Four Corners Pipeline to Giant Refinery, Inc.**
 Recompletion Oil Dry Gas
 Change in Ownership Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Callow Fed.** Well No. **1** Basin **Dakota (Dual)** Kind of Lease **Fed.** Lease No. **SFO78931-D**

Location
Unit Letter **I** **1841** Feet from The **S** Line and **790** Feet From The **E**
Line of Section **33** Township **29N** Range **13W**, NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
Giant Refinery, Inc., Suite 238, Petroleum Plaza Bldg., 3535 30th St., Farmington, N.M.

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
EPNG (already designated) P. O. Box 990, Farmington, N.M. 87401

If well produces oil or liquids, give location of tanks. **I 33 29N 13W** Is well directly connected? **yes**

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	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Comml. 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		
Perforations							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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/D
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="text-align: center;">AUG 8 1978 OIL CON. COM. DISTR.</p> </div>			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pilot, back fr.)	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.

[Signature]
Production manager

[Date]
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 8 1978, 19 1978

BY (Original Signed by A. R. Kendrick)

TITLE SECRETARY

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.