

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

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

I. Operator  
Walter Duncan

Address  
P. O. Box 137, Durango, Colorado

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
This permit approved Subject to  
Approval of Releasing Commission  
Method after hearing

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Hogback 1	Well No. 5	Pool Name, Including Formation Undesignated - Dakota	Kind of Lease State, Federal or Fee Navajo	Lease No. 14-20-0603-9591
Location Unit Letter G ; 2466 Feet From The North Line and 2310 Feet From The East				
Line of Section 1 Township 29N Range 17W , 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"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, New Mexico			
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 G	Sec. 1	Twp. 29N	Rge. 17W
	Is gas actually connected?		When	
	No			

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-17-67	Date Compl. Ready to Prod. 5-23-67	Total Depth 675'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4981 GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 670'	Tubing Depth 647'					
Perforations			Depth Casing Shoe 670' GR.					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	7"	19'	Driven					
6 1/4"	4 1/2"	670'	35					
	2 3/8"	647'						

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 5-23-67	Date of Test 5-24-67	Producing Method (Flow, pump, etc.) Flow
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -
Actual Prod. During Test 75 Bbls.	Oil-Bbls. 75	Water-Bbls. -0-

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.

Jan L. Jarosh  
(Signature)  
Agent  
(Title)  
5-31-67  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 1 1967  
BY Original Signed by Emery C. Arnold  
SUPERVISOR DIST. #3  
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 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 pool in multiply completed wells.