1	NO. OF COPIES RECEIVED	rmian 1 File			
	DISTRIBUTION				
	SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
	FILE / REQUEST FOR ALLOWABLE AND REQUEST FOR ALLOWABLE Supersedes Old C-104 and C. Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE	AUTHORIZATION TO TRA	NSFORT OIL AND NATURAL (of the	
	VOANGEORTED OIL /			\urnfi\[D/	
	TRANSPORTER GAS				
	OPERATOR 2 JUL 1 8 1968				
I.	PRORATION OFFICE				
	Operator OIL CON. COM.				
	W. C. Imbt Address				
		210 West 38, Farmington, N. M. 87401			
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:	, , ,		
	Recompletion	Oil Dry Gas	s 🔲		
	Change in Ownership	Casinghead Gas Conden	sate		
	76.1				
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Leas	e Lease No.	
			State Fadar	-	
	Navajo 18 Location	4 Hogback Dakot	.a	1-93-11d-99	
	Unit Letter C ;11	55 Feet From The north Line	e and Feet From	The west	
		<u></u>			
Line of Section 18 Township 29N Range 16W , NMPM, San Juan				Juan County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)	
	The Permian Corp.	or sometiments			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Box 3819. Midland. Texas 79704 Address (Give address to which approved copy of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	nen	
	give location of tanks.	C 18 29N 16W	No		
	If this production is commingled with that from any other lease or pool, give commingling order number:				
	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.				
	Designate Type of Completion - (X)		l w	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	7/6/68	7/16/68	8351	8351	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	5156' Gr.	Dakota	8231	B30 Depth Casing Shoe	
	Perforations Depth Casing Since				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	8 ⁱⁱ	7" 20#	1001	10 sx.	
	5 5/8"	4 1/2" 9.5#	8231	50 sx.	
		2"	8301		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)				
	OIL WELL able for this de		Producing Method (Flow, pump, gas lift, etc.)		
			mau ==		
	7/15/68 Length of Test	7/16/68 Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs.				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	240	240		TSTM	
	40 acres.				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Casing Pressure (Shut-in)	Choke Size	
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION 1069		
	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.		APPROVED		
			TITLE PETROLEUM ENGINEER DIST. NO. 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 allow-		
	(Signature)				
	Engineer				
		(Title)		able on new and recompleted wells.	
	7/17/68 (Date)		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.		