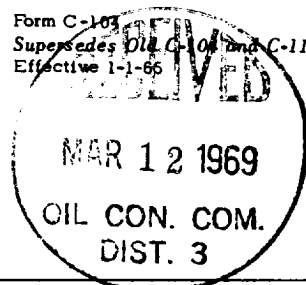


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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-103  
Supersedes D-104 and C-110  
Effective 1-1-66



I. Operator  
Walter Duncan ~~Walter Duncan~~  
Address  
1800 Security Life Bldg., Denver, Colo. 80202  
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)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name N. Hogback 6	Well No. 4	Pool Name, Including Formation Slickrock Dakota	Kind of Lease State, Federal or Fee Ind. 14-20-9603-10008	Lease No.
Location Unit Letter M 990 Feet From The South Line and 660 Feet From The West Line of Section 6 Township 29N Range 16W, 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) Box 1528, Farmington, N. M. 87401			
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 M	Sec. 6	Twp. 29N	Rge. 16W
Is gas actually connected?		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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 2/26/69	Date Compl. Ready to Prod. 3/1/69	Total Depth 681.5'		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4993' Gr.	Name of Producing Formation Slickrock Dakota	Top Oil/Gas Pay 669'		Tubing Depth 669'		Depth Casing Shoe			
Perforations									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 5 5/8"	CASING & TUBING SIZE 4 1/2"		DEPTH SET 669'		SACKS CEMENT 50 sx.				

## 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 3/1/69	Date of Test 3/2/69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 35	Oil - Bbls. 35	Water - Bbls. 0	Gas - MCF TSTM

## 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.

Original signed by T. A. Dugan

(Signature)

Agent

(Title)

3/10/69

(Date)

## OIL CONSERVATION COMMISSION

MAR 12 1969

APPROVED

Original Signed by Emery C. Arnold

BY 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.