

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

THIRGOOD, AZ2000
T Duncan
T 11111

Form C-104
Revised 10-1-78

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DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PROMOTION OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Raymond T. Duncan

Address

P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Effective January 21, 1982

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

North Hogback 6

Well No.

4

Pool Name, including Formation

Slickrock - Dakota

Kind of Lease

Navajo

State, Federal or Fee

14-20-0603

Lease No.

10008

Location

Unit Letter

M

Feet From The

990

South

Line and

660

Feet From The

West

Line of Section

6

Township

29 N

Range

16 W

NMPM,

San Juan

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Giant Refining, Inc.

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Box 256, Farmington, NM

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

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

L

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:

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (Dft 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Actual Prod. During Test

Oil-Bbls.

Water-Bble.

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Testing Method (pilot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Grav. of Condensate

Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bud Crane

Agent

1-21-82

OIL CONSERVATION DIVISION

JAN 25 1982

APPROVED

Original Signed by CHARLES GHOLSON

BY

DEPUTY OIL & GAS INSPECTOR, 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.