

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

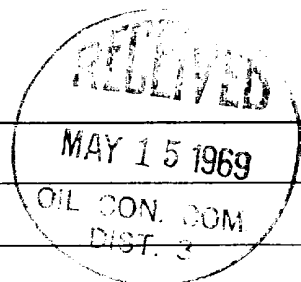
1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR <b>W. C. IMBT</b>						5. LEASE DESIGNATION AND SERIAL NO. <b>1-89-IND-58</b>	
3. ADDRESS OF OPERATOR <b>210 West 38th Street, Farmington, New Mexico - 87401</b>						6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Navajo Tribal</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <b>2475' FSL &amp; 2475' FWL</b> At top prod. interval reported below  At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO. _____ DATE ISSUED _____						8. FARM OR LEASE NAME <b>Navajo 18</b>	
15. DATE SPUDDED <b>4-28-69</b>						9. WELL NO. <b>7</b>	
16. DATE T.D. REACHED <b>5-9-69</b>						10. FIELD AND POOL, OR WILDCAT <b>Hogback</b>	
17. DATE COMPL. (Ready to prod.) <b>5-10-69</b>						11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA <b>18-T29N-R16W</b>	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* <b>5168' Gr.</b>						12. COUNTY OR PARISH <b>San Juan</b>	
19. ELEV. CASINGHEAD						13. STATE <b>New Mexico</b>	
20. TOTAL DEPTH, MD & TVD <b>840'</b>		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY <b>68-840'</b>	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <b>Dakota 838-840'</b>						25. WAS DIRECTIONAL SURVEY MADE <b>Yes</b>	
26. TYPE ELECTRIC AND OTHER LOGS RUN <b>None</b>						27. WAS WELL CORED <b>No</b>	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
7"		20#		68'		9"	
4 1/2"		9.5#		833'		5-5/8"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2-3/8"		835'					
31. PERFORATION RECORD (Interval, size and number)							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
33.* PRODUCTION							
DATE FIRST PRODUCTION <b>5-10-69</b>		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <b>Flowing</b>				WELL STATUS (Producing or shut-in) <b>Producing</b>	
DATE OF TEST <b>5-11-69</b>		HOURS TESTED <b>24</b>		CHOKE SIZE <b>-</b>		PROD'N. FOR TEST PERIOD <b>48</b>	
FLOW. TUBING PRESS. <b>324</b>		CASING PRESSURE <b>904</b>		CALCULATED 24-HOUR RATE <b>48</b>		OIL—BBL. <b>TSTM</b>	
						GAS—MCF. <b>0</b>	
						WATER—BBL. <b>0</b>	
						OIL GRAVITY-API (CORR.) <b>630</b>	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
ORIGINAL SIGNED BY <b>W. C. IMBT</b>							
SIGNED		TITLE <b>Operator</b>		DATE <b>5-14-69</b>			

\*(See Instructions and Spaces for Additional Data on Reverse Side)

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

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



I.

Operator <b>W. C. IMBT</b>	
Address <b>210 West 38th Street, Farmington, New Mexico - 87401</b>	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Navajo 18</b>	Well No. <b>7</b>	Pool Name, Including Formation <b>Hogback-Dakota</b>	Kind of Lease <b>I-89-IND-58</b> State, Federal or Fee	Lease No.
Location				
Unit Letter <b>K</b> ; <b>2475'</b> Feet From The <b>South</b> Line and <b>2475'</b> Feet From The <b>West</b>				
Line of Section <b>18</b> Township <b>29-N</b> Range <b>16-W</b> , NMPM, <b>San Juan</b> 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"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3119, Midland, Texas</b>	
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 <b>I</b>	Sec. <b>18</b>
	Twp. <b>29N</b>	Rge. <b>16W</b>
	Is gas actually connected? <b>TSTM</b>	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 <b>4-28-69</b>	Date Compl. Ready to Prod. <b>5-10-69</b>		Total Depth <b>840'</b>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <b>5168' Gr.</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>838'</b>		Tubing Depth <b>835'</b>			
Perforations					Depth Casing Shoe <b>833'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>9"</b>	<b>7" 20#</b>		<b>68'</b>		<b>7 sacks</b>			
<b>5-5/8"</b>	<b>4 1/2" 9.5#</b>		<b>833'</b>		<b>35 sacks</b>			
	<b>2-3/8" tubing</b>		<b>835'</b>					

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 <b>5-10-69</b>	Date of Test <b>5-12-69</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>32# flowing</b>	Casing Pressure <b>90#</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>48 Bbls.</b>	Oil - Bbls. <b>48 Bbls.</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>TSTM</b>

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

**W.C. IMBT**

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

**MAY 15, 1969**

APPROVED

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.