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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

B.R.

| | |
|--|---|
| Operator Walter Duncan | |
| Address Box 234, Farmington, New Mexico 87401 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| 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"/> |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|---------------------|
| Lease Name North Hogback 12 | Well No. 9 | Pool Name, Including Formation Slickrock - Dakota | Kind of Lease State, Federal or Fee Indian | Lease No. 14-20- |
| Location Unit Letter H ; 2140 Feet From The North Line and 165 Feet From The East | | | | 0603-10010 |
| Line of Section 12 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) Box 1528, Farmington, New Mexico 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 H | Sec. 12 |
| | Twp. 29N | Rge. 17W |
| | Is gas actually connected? No | |
| | 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'v. | Diff. Res'v. |
| Date Spudded 9-17-74 | Date Compl. Ready to Prod. 12-6-74 | | Total Depth 729' | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) 5044' GR | Name of Producing Formation Dakota | | Top Oil/Gas Pay 723' | | Tubing Depth 715' | | | |
| Perforations Open Hole 723-729' | | | | | Depth Casing Shoe 723' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | 7" | | 20' | | 4 SX | | | |
| 6-1/4" | 4-1/2" | | 723' | | 65 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 12-7-74 | Date of Test 12-8-74 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hrs | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 61 | Oil-Bbls. 61 | 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
Jim L. Jacobs

(Signature)

Geologist

(Title)

12-10-74

(Date)

OIL CONSERVATION COMMISSION

APPROVED

DEC 19 1974

BY

SUPERVISOR DIST. #5

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.