



BRUCE KING  
GOVERNOR  
LARRY KEHOE  
SECRETARY

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT  
OIL CONSERVATION DIVISION  
AZTEC DISTRICT OFFICE

October 10, 1979

1000 RIO BRAZOS ROAD  
AZTEC, NEW MEXICO 87410  
(505) 334-6178

Mr. Denny Foust  
Caribou Four Corners, Inc.  
Room 219 Transwestern Life Bldg.  
404 North 31st Street  
Billings, Montana 59101

Re: Caribou Four Corners, Inc.  
Kirtland #2  
B-13-29N-15W

Dear Mr. Foust:

This letter shall advise you that the attached form C-104 shall expire March 31, 1980, unless this office is advised by forms C-102 and C-104 indicating that communitization has been accomplished prior to that date.

Further, all proceeds from production shall be maintained in an escrow account in a financial institution located in San Juan County, New Mexico, until paid to the owners of interest in the well. The identity of the escrow agent shall be forwarded to this office and to our Santa Fe office. An accounting of the escrow fund shall be reported by the tenth day of each month showing all receipts and disbursements as of the first day of each month until the communitization is completed and the Division Order is signed.

If there are questions, please contact us.

Yours very truly,

*A. R. Kendrick*  
A. R. Kendrick  
Supervisor, District #3

ARK:mc

Attachment - Form C-104

xc: Oil Conservation Division, Santa Fe, New Mexico  
Oil Transporter - Inland Corporation, Farmington, New Mexico

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.

API 30--045-23677

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

Operator Caribou Four Corners, Inc.	
Address 219 Transwestern Bldg. 404 N. 31st. St. Billings, Mont. 59101	
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 Kirtland	Well No. 2	Pool Name, including Formation Cha-Cha Gallup	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter B ; 260 Feet From The North Line and 2100 Feet From The East Line of Section 13 Township 29 N Range 15 W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) 5101 E. Main 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 B	Sec. 13	Twp. 29 N	Rge. 15 W	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 XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/11/79	Date Compl. Ready to Prod. 9/19/79	Total Depth 4672	P.B.T.D. 4620					
Elevations (DF, RKB, RT, GR, etc.) 5155 KB 5145 GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 4448	Tubing Depth 4525 KB					
Perforations 4448 - 4516 20 holes .38 diameter			Depth Casing Shoe 4670 KB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12"	8 5/8		330.2 GL		275			
6 3/4"	4 1/2		4670 KB		975			

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 9/15/79	Date of Test 9/18/79	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 320 psi	Choke Size 2"
Actual Prod. During Test as follows	Oil - Bbls. 225 bbls. oil	Water - Bbls. 60 bbls. water	Gas - MCF 100 Vis est.

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.

Denny G. Foust  
(Signature)  
GEOLOGIST  
(Title)  
9/20/79  
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 1 1979, 19  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DISTRICT # 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 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 multiple.