

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-70

B.K.

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF COMPLETION	4
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

Caribou Four Corners, Inc.

Address

Rm 219 Transwestern Building, 404 N. 31st Street, Billings, Montana 59101

Reason(s) for filing (check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Kirtland	4	Cha Cha Gallup	State, Federal or Fee Fee	
Location				
Unit Letter	E	595 Feet From The West	Line and 1450	Feet From The North
Line of Section	18	Township 29N	Range 14W	NMPM, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Inland Corporation	P. O. 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	18	29N	14W		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-5-79	10-16-79		4705		4642			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
5153 KB 5143 GL	Gallup		4448		4524 KB			
Perforations					Depth Casing Shoe			
20 holes 4448-4520					4705 KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 inch	8 5/8		346 KB		275			
7 7/8 inch	4 1/2		4705 KB		875			
	2 3/8		4524 KB					

## 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)

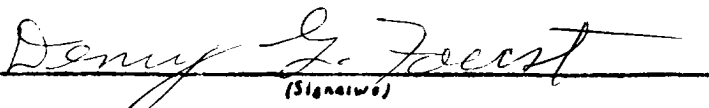
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-15-79	10-16-79	Swabbing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	20 psi	125 psi	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	78 BO	60 BW	60 vis est.

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)

Geologist

(Title)

10-22-79

(Date)

## OIL CONSERVATION DIVISION

APPROVED OCT 22 1979

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 multiply completed wells.