

OIL CONSERVATION DIVISION
P. O. BOX 2080
SANTA FE, NEW MEXICO 87501

B.K.

API 30-045-23736

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CARIBOU FOUR CORNERS, INC.

Address
219 TRANSWESTERN LIFE BLDG., 404 N 31ST ST., BILLINGS, MT. 59101

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name KIRTLAND	Well No. 3	Pool Name, including Formation NW Cha Cha Gallup	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>B</u> : <u>730</u> Feet From The <u>North</u> Line and <u>2250</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>14W</u> , NMPM, <u>San Juan</u> County				

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) P O Box 1528, Farmington, NM 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. 18	Twp. 29N	Rge. 14W
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)	Oil Well XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-18-79	Date Compl. Ready to Prod. 11-2-79		Total Depth 4750		P.B.T.D. 4540			
Elevations (DF, RAB, RT, GR, etc.) 5204KB 5193GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 4512		Tubing Depth 4532.70KB			
Perforations 17 holes 4514-4554					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 inch	8 5/8"	342KB	385
7 7/8"	4 1/2"	4750KB	975
	2 3/8"	4532.70KB	

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 10/21/79	Date of Test 11/1/79	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hrs	Tubing Pressure 130	Casing Pressure 300	Choke Size
Actual Prod. During Test	Oil-Bbls. 87	Water-Bbls. 378	Gas-MCF 25 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

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.

Denny G. Foust

Geologist

(Signature)

(Title)

11/1/79

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

TITLE DEPUTY OIL

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 Form C-104 must be filed for each pool in multi-