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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-105
Effective 1-1-65

B.K.

Operator S & I OIL COMPANY	
Address 413 W. Main Street Farmington, New Mexico 87401	
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 Barbara	Well No. 1	Pool Name, including Formation Cha Cha Gallup	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>P</u> ; <u>760'</u> Feet From The <u>South</u> Line and <u>180'</u> Feet From The <u>East</u>					
Line of Section <u>12</u> Township <u>29N</u> Range <u>15W</u> , NMPM, <u>San Juan</u> 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)					
Giant Refinery, Inc.	P.O. Box 256, 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 P	Sec. 12	Twp. 29N	Rge. 15W	Is gas actually connected? No	When Unknown

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/4/80	Date Compl. Ready to Prod. 11/14/80		Total Depth 4700'		P.B.T.D. 4663'			
Elevations (DF, RKB, RT, GR, etc.) 5179'GL	Name of Producing Formation Cha Cha Gallup		Top Oil/Gas Pay 4585'		Tubing Depth 4440'			
Perforations 4484'-4486'; 4497'-4501'; 4506'-4508'; 4510'-4512'; 4515'-4518'; 4531'-4533'; 4542'-4546'; 4555'-4558'; 4564'-4585'					Depth Casing Shoe 4440'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8"		297'		300 sacks			
7-7/8"	4-1/2"		4694'		975 sacks			
	2-3/8"		4440'					

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 12/23/80	Date of Test 1/3/81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 60	Casing Pressure 550	Choke Size 1 1/4 to 1 1/2 in.
Actual Prod. During Test	Oil-Bbls. 85	Water-Bbls. -0-	Gas-MCF 142

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

FOR: S & I OIL COMPANY

Troy R. Strickland
(Signature)

Troy R. Strickland Managing Partner

(Title)

1/15/81

(Date)

OIL CONSERVATION COMMISSION	
APPROVED	FEB 24 1981
BY	Original Signed by FRANK T. CHAVEZ
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.