
LANTA FE

FILE U.S.U.S. LAND OFFICE

POLLOHUATION

ENERGY AUD MINERALS DEPARTMENT

P. O. HOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

Form C-101 Revised 10-1-78

	TRANSPORTER OIL REQUEST FOR ALLOWABLE AND					
DENATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	CARIBOU FOUR CORNERS, INC.					
	PO BOX 2105, Farmington, NM 87401					
	Reason(s) for filing (Check proper box	Other (Please explain)				
	New Well Change in Transporter of:					
	Recompletion Oil Dry Gas Condensate Casinghead Gas Condensate					
	If change of ownership give name and address of previous owner				·	
Π.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No
	Kirtland	10 Cha Cha Gall	· l		· · · · · · · · · · · · · · · · · · ·	
	ocation					
	Unit Letter M : 735 Feet From The South Line and 510 Feet From The West					
	Line of Section 7 Tow	mship 29 N Range	14 W , NMPM	, San Ju	an	County
ıп.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Nome of Authorized Transporter of Oil 🔀 or Condensate		Address (Give address to which approved copy of this form is to be sent)			
	Inland Corp. Name of Authorized Transporter of Casinghead Gas or Dry Gas		5101 E. Main, Farmington, NM 87401 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. M 7 29N 14W	Is gas actually connecte NO	ed? Whe	'n	
	If this production is commingled wit COMPLETION DATA	·				
i	Designate Type of Completion - (X) Gas Well Gas Well		New Well Workover	Deepen I	Plug Back Same Res	v. Diff. Res
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	!	P.B.T.D.	
	6-8-81	7-17-81 7-22-81	4700'		4676' K.B.	
	Elevations (DF, RKB, RT, GR, etc.) 5187 B.L. 5200 K.B.	Name of Producing Formation Gallup	Top Oil/Gas Pay 4449		Tubing Depth 4638.63 * K.B.	
	Perforations 4449-4646 Total of 22 holes					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SI		SACKS CEM	ENT
	123"	8 5/8" 4½ "	340.75 G.L. 4699.75 K.B.		275 sx.	
	7 7/8"	2 3/8"	4639	X.D.		
			1			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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 (Flou	o, pump, gas lij	(t, etc.)	
	7-17-81 Length of Test	1-20-82 Tubing Pressure	Pump Casing Pressure		Choke Size	
	24 hrs	5#	30#		32/64	
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.		Gas-MCF	
	45 35		10 55			
	GAS WELL		· · · · · · · · · · · · · · · · · · ·			
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF		Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Presewe (Shut-in)	Cosing Pressure (Shut	-in)	Choke Sixe	
V1.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION			
			FEB 1 1312			
	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given		Original Signed by CHARLES GHOLSON			
	above is true and complete to the best of my knowledge and belief.		DEPUTY OIL & GAS INSPECTOR, DIST. #3			
			TITLE			
			This form is to	be filed in o	compliance with RULE	1104.
	/- X		1	unet for allow	able for a newly drille	ed or deepen
•	(Signature) Ernio Busch, Area Manager		well, this form mus tests taken on the	well in accompa-	nied by a tabulation of dance with RULE 111	, ,,, <u>,,</u>

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owns well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multip-completed wells.

(Title)

(Date)

2-4-82

Ernie Busch, Area Manager