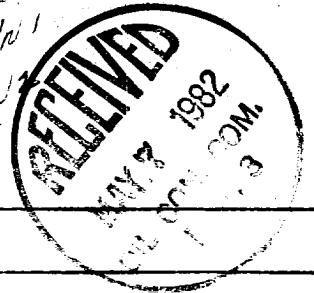


REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	



I. OPERATOR

Operator Caribou Four Corners, Inc.

Address P.O. Box 2105, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Kirtland</u>	Well No. <u>11</u>	Pool Name, Including Formation <u>Cha-Cha Gallup</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>C</u> ; <u>1310</u> Feet From The <u>North</u> Line and <u>1740</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>29N</u> Range <u>14W</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"/> <u>Inland Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>5101 E. Main, Farmington, NM 87401</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Intertate Gathering Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 32999 San Antonio TX 78216</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>18</u> Twp. <u>29N</u> Rge. <u>14W</u>	Is gas actually connected? <u>Yes</u> When <u>5-23-82</u>

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 <u>11-14-81</u>	Date Compl. Ready to Prod. <u>1-20-82</u>		Total Depth <u>4700</u>		P.B.T.D. <u>4612</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5141 G.L. 5153 D.F.</u>	Name of Producing Formation <u>Gallup</u>		Top Oil/Gas Pay <u>4396</u>		Tubing Depth <u>4576.11</u>			
Perforations <u>4396-4561</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/2</u>	<u>8 5/8</u>		<u>350'</u>		<u>275</u>			
<u>7 7/8</u>	<u>4 1/2</u>		<u>4700 4500</u>		<u>1000 950</u>			
	<u>2 3/8</u>		<u>4576.11</u>		<u>NONE</u>			

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 <u>1-20-82</u>	Date of Test <u>1-25-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Swabbing</u>	
Length of Test <u>24 hr.</u>	Tubing Pressure	Casing Pressure <u>150</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>as follows</u>	Oil-Bbls. <u>30 BO</u>	Water-Bbls. <u>80 BW</u>	Gas-MCF visual Est. <u>50 MCFPD</u>

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]  
(Signature)

Araceli Martinez  
(Title)

4-15-82  
(Date)

OIL CONSERVATION DIVISION

12-10-82  
APPROVED

BY Original Signed by FRANK H. HOLTZ 10 1982

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.

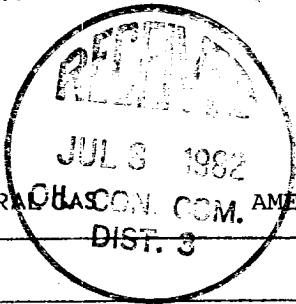
All sections of this form must be filled out completely for allowable on new and recompleted wells.

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

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PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. OPERATOR  
**CARIBOU FOUR CORNERS, INC.**  
Address  
**PO BOX 2105, FARMINGTON, NM 87401**

Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of: Adding Casinghead Transporter  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Kirtland</b>	Well No. <b>11</b>	Pool Name, Including Formation <b>Cha-Cha Gallup</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
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Location  
Unit Letter **C** ; **1310** Feet From The **North** Line and **1740** Feet From The **West**  
Line of Section **18** Township **29N** Range **14W** , 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"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Intrastate Gathering Corp</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 32999, San Antonio, Tx 78216</b>
If well produces oil or liquids, give location of tanks.	Unit <b>C</b> Sec. <b>18</b> Twp. <b>29N</b> Rge. <b>14W</b> Is gas actually connected? <b>Yes</b> When <b>May 23, 1982</b>

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 Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.E.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

Patsy Hedgecock  
Land Records & Accounting Manager  
(Title)  
July 7, 1982  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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.  
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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.