RGY AND-MINE!	MLS C	EP/	VETI
DISTRIBUTION			
LANTA FE			
Y 16. P			
V.1.G.1.			
LAND OFFICE			_
THANSPORTER	016.		-
	BAL		
OPERATOR			

(Dute)

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR DESIGN	AUTHURIZATION TO TRANSI	FOR FOIL AND NATU	KAL GAS	•	1123	
PROBATION OFFICE						
Lobo Production				<u> </u>	See I	
P.O. Box 2364, Fa	rmington, New Mexico 874	99 Other (Please	e explain)		77	
Reason(s) for filing (Check proper bo	Change in Transporter of:	Omer (Freas)	- capiein/		0.01	
Recompletion	OII Dry Go	• 🔲		(15) j. j		
Change in Ownership	Casinghead Gas Conde	nsate				
change of ownership give name address of previous owner	• ·					
ESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.	
Hynes Kennedy-7	#1 Cha Cha Gallu	Contr. Endered on End				
Location	I'I Cha cha Gallo	P LAC.				
Unit Letter 0 : 80	O Feet From The South Lin	• and1885	Feet From	rhe <u>East</u>		
	wnship 29N Range	14 W , NMPM	s. S	an Juan	County	
COLONIATION OF TRANSPOR	TER OF OU AND NATURAL GA	· c				
ESIGNATION OF TRANSPUR Name of Authorized Transporter of Of	TER OF OIL AND NATURAL GA	Address (Give address	to which appro	ved copy of this form is	to be sent)	
Giant Refinery		P.O. Box 256,	Farmingto	n Hwy. Bloomfie	eld	
Name of Authorized Transporter of Co	singhead Gas or Dry Gas	Address (Give address	to which appro-	ved copy of this form is	io ve sentj	
Vented	Unit Sec. Twp. Rge.	Is gas actually connect	ed? Who	en		
i well produces oil or liquids, give location of tanks.	O 7 29N 14W	No				
this production is commingled w	ith that from any other lease or pool,			Inline Beek Town 5	siv, Diff. Resiv.	
Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover	Deepen	<u> </u>	i i Resrv.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
3-11-83	Name of Producing Formation	4847 KB Top Oil/Gas Pay		4807 KB Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) 5217 KB	Gallup	4235' 4637'		, ,		
Periorations		J		Depth Casing Shoe		
4235' - 4715'		APURUS SECTION	<u> </u>	<u></u>		
	TUBING, CASING, AND	DEPTH SET		SACKS CEMENT		
12 1/4 "	8 5/8"	213' KB		300 sks(354 cu.ft.)		
7 7/8"	4 1/2"	4847' KB		750 sks(1067 cu.Ft.)		
				Two Stages		
EST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volu	me of load oil	and must be equal to or	exceed top allow	
IL WELL	able for this de	pth or be for full 24 hours Producing Method (Flou		(t, etc.)		
Date First New Oil Run To Tanks 4-1-83	4-5-83	Pumping				
ength of Test	Tubing Pressure	Casing Pressure Choke Size				
7 hours	35 #	35#		2"1 Gas-MCF	2"1	
Actual Prod. During Test	Oil-Bbis.	Water-Bble.		8		
		J		<u></u>		
AS WELL		T = (1 - 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		Comply of Condenses		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	r	Gravity of Condensate	•	
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut		Choke Size		
ERTIFICATE OF COMPLIAN	CE	OIL C	ONSERVAT	TION DIVISION APR	4 0 1002	
				APK	T & 1209	
hereby certify that the rules and regulations of the Oil Conservation			APPROVED			
		Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3				
		TITLE				
101	2	This form is to	be filed in	compliance with RUL	E 1104.	
R Exaculta		If this is a request for allowable for a newly drilled or despense			of fue dealector	
(Sign	atwe)	il tests taken on the	well in accor	Idance with MULE II	1.	
Operator (T	(rle)	All sections of this form must be filled out completely for allowable on new and recompleted wells.				
4-18-83		11	Cantons I II	I, III, and VI for cha len or other such chan	nges of owner,	
(D	ute)	Well name or number	t, or transpor	on or other each chair		