

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

RECEIVED  
JUN 15 1984

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

I. Operator  
GREENWOOD RESOURCES INC.  
Address  
315 Inverness Way South, Englewood, CO 80112  
Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kirtland #14	Well No. 1	Pool Name, including Formation Cha-Cha Gallup	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter A : 475 Feet From The N Line and 570 Feet From The E Line of Section 14 Township 29N Range 15W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

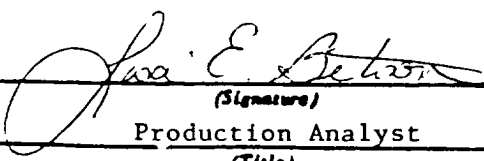
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Intrastate Gathering Corp	Address (Give address to which approved copy of this form is to be sent) P.O. Box 32999 San Antonio, TX 78216	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 14
	Twp. 29N	Rge. 15W
	Is gas actually connected? No	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
Production Analyst  
(Title)  
6-8-84  
(Date)

OIL CONSERVATION DIVISION  
7-9-84  
APPROVED JUL 09 1984  
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 deepener 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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res.
Date Spudded 3-28-84	Date Compl. Ready to Prod. 5-29-84		Total Depth 4630'		P.B.T.D. 4560'				
Elevations (DF, RKB, RT, CR, etc.) 5134'GR 5146'KB	Name of Producing Formation Gallup Sand		Top Oil/Gas Pay 4333'		Tubing Depth 4520'		Depth Casing Shoe 4603'		
Perforations 4333'-4514'									

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Surface 12 7/8"	8 5/8" csg.	355'	275 sxs Class B 2%Ca
Production 7 7/8"	4 1/2" csg	4603'	1020 sxs 50/50 poz 2
	2 3/8" tbg	4520'	

#### 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 4-18-84	Date of Test 5-29-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure none	Casing Pressure none	Choke Size 1 1/4"
Actual Prod. During Test	Oil - Bbls. 7	Water - Bbls. 0	Gas - MCF 25

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size