

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Greenwood Resources Inc.
Address 315 Inverness Way South Englewood, CO 80112

Reason(s) for filing (Check proper box) Other (Please explain)
☒ New Well ☐ Change in Transporter of:
☐ Recombination ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Change well name & number

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Kirtland 18-18</u>	Well No. <u>1</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>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>360</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>14W</u> , NMPM, <u>San Juan</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Giant Refining Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 256 Farmington, N.M. 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Libra Energies Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>510 1st City Bank Twr. Corpus Christi,</u>
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>
Sec. <u>18</u>	Twp. <u>29N</u>
Rge. <u>14W</u>	Is gas actually connected? <u>NO</u>
When	

If this production is commingled with that from any other lease or pool, give commingling order number: NO

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

1. CERTIFICATE OF COMPLIANCE

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.

OIL CONSERVATION DIVISION
MAY - 6 1985
APPROVED _____
Original Signed by FRANK T. CHAVEZ

(Signature)
Engineering Technician
5-2-85
(Date)

SUPERVISOR DISTRICT # 3

in accordance with RULE 1104.
or a newly drilled or deepened well a tabulation of the deviation with RULE 111.
filled out completely for allow-

and VI for changes of owner, or such change of condition.
and for each pool in multiply

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2- 20 ⁸ -85	Date Compl. Ready to Prod. 2-24-85	Total Depth 4710			P.B.T.D. 4676				
Elevations (DF, RKB, RT, GR, etc.) GL 5161 KB 5173	Name of Producing Formation Gallup		Top Oil/Gas Pay 4208-4668			Tubing Depth 4207'			
Perforations 4208, 50, 4316, 26, 34, 74, 84, 4413, 38, 50, 52, 76, 90, 93, 4502-4668						Depth Casing Shoe 4710			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8		375		265sx			
7 7/8		4 1/2		4710		780 sx			
		2 3/8		4207					

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 2-24-85	Date of Test 4-12-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 HR	Tubing Pressure 30 #	Casing Pressure 300#	Choke Size 1 1/4" pump
Actual Prod. During Test	Oil-Bbls. 189	Water-Bbls. 58	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

11. 031200
OIL CLERK, SW.
DIST. 9