

STATE OF NEW MEXICO
NATURAL GAS DEPARTMENT

STATE ENGINEER	
DEPUTY ENGINEER	
INSPECTOR	
ASSISTANT INSPECTOR	
TRANSPORTER	
OPERATOR	
OPERATION OFFICER	
INSPECTOR	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

H & S Production

Address
P. O. Box 1936 FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)

FROM PIPELINE to trucking oil

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name NA Pz 15 PAH	Well No. 2	Foot Name, Including Formation VERDE GALLUP POOL	Kind of Lease INDIAN State (Federal or Fee) ALLOTED	Lease No. 14-20-603-4703
Location Unit Letter B	Feet From The NORTH Line and 2260	Feet From The EAST	Line of Section 1	Township 30 N
Range 16 W	NMPM, SAN JUAN	County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ GIANT	Address (Give address to which approved copy of this form is to be sent) P.O. 9156 PHOENIX, AZ 85068
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 B	Sec. 1
Twp. 30N	Rge. 16W
Is gas actually connected?	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DI, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load or must be equal to or greater than top allowable for this depth or be for full 24 hours)

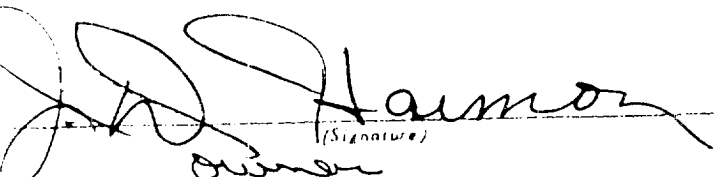
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Avg. Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Avg. 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

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)
7-30-87
(Date)

OIL CONSERVATION DIVISION

DEC 1 1987

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #3

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.

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.