

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		
PRORATION OFFICE		

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

I. OPERATOR

Operator: Rodney P. Calvin Oil & Gas

Address: P. O. Box 234, Farmington, New Mexico 87401

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

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Campbell</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Aztec P.C.</u>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>A</u>	<u>1190</u> Feet From The <u>North</u> Line and	<u>805</u> Feet From The <u>East</u>			
Line of Section <u>30</u>	Township <u>30N</u>	Range <u>11W</u>	<u>NMPM,</u>	<u>San Juan</u>	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 990, Farmington, N. M. 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>No</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>1-4-73</u>	Date Compl. Ready to Prod. <u>1-23-73</u>	Total Depth <u>2150'</u>		P.B.T.D. <u>2094'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>5693' GR - 5704' RKB</u>	Name of Producing Formation <u>Pictured Cliffs</u>	Top Oil/Gas Pay <u>1972'</u>		Tubing Depth <u>1990'</u>		Depth Casing Shoe		
Perforations <u>1972-74' and 1976-82'</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>108' RKB</u>		<u>75 sacks</u>				
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>2126' RKB</u>		<u>500 cu. ft.</u>				
	<u>1 1/4"</u>	<u>1990' RKB</u>						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be at least 24 hours 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
			<u>5/8"</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			<u>OIL CON. COM. DIST. 3</u>



GAS WELL

Actual Prod. Test - MCF/D <u>428 AOF</u>	Length of Test <u>3 hrs</u>	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pitot, back pr.) <u>One point back press.</u>	Tubing Pressure (Shut-in) <u>385</u>	Casing Pressure (Shut-in) <u>464</u>	Choke Size <u>5/8"</u>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original signed by T. A. Dugan
(Signature)

Engineer
(Title)

2-13-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 15 1973, 19____

BY Original Signed by Emery C. Arnold

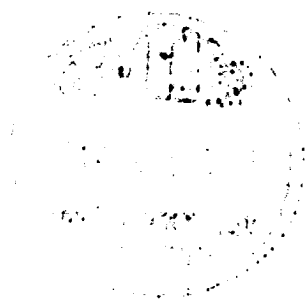
TITLE SUPERVISOR DIST. #3

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.



Digitized by Google