Form C-104

DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 ILE AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS 1 OPERATOR PRORATION OFFICE Palmer Oll & Gas Company Address P. O. Box 2564, Billings, Montana 59103
Reason(s) for filing (Check proper box) Other (Please explain) New Well X Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Legse No. State, Federal or Fee Federal Federa 1 2 Blanco-Mesaverde NM-28749 Location Unit Letter G 1620 Feet From The North Line and 1850 __ Feet From The East Line of Section Township 31N Range 7W , _{NMPM}, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline Corporation 0. Box 1526, as actually connected? Salt Lake City, Utah 84110 Unit Twp. P.ge. If well produces oil or liquids, is gas actually cont give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion -(X)Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 7/16/77
Elevations (DF, RKB, RT, GR, etc.) 8/23/77 <u>5947</u> 5878 Name of Producing Formation Top Oil/Gas Pay Tubing Depth 6513 KB Mesaverde 5607 5702 Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 3-3/4" 9-5/8" 235 KB 250 sx 8-3/4" 3590 KB <u>650 sx</u> 6-1/4" 4-1/2" <u>5941 KB</u> 300 sx (cased) 2-3/8" 5702 KB None 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) OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bhis. Water - Bbie. Ggs - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Back pressure test 1084 1085 VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED. I hereby certify that the rules and regulations of the Oil Conservation . 19 . Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. 0.0 RY TITLE

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Robert D. Ballantyne, Production Sup't

(Title)

(Date)

October 7, 1977

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.

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened

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.

Senerate Forms C-104 must be filed for each and in multiple