

DISTRIBUTION	
AMT. FE	
ILE	
I.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
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-1  
Effective 1-1-65

I.

Operator	Sumatra OIL INC		
Address	P.O. Box 986 Billings, Montana 59103		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Drilling Permits	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Gas	<input type="checkbox"/>

If change of ownership give name and address of previous owner: (C + S Casing) Nolara Corp

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Verde	Section	7	Township	Verde	County	Gallup	Kind of Lease	Ute	Lease No.	14-20
Location	604-87										
Unit Letter	M	770	Feet from The	S	1/4	Section	330	Feet from The	W		
Line of Section	22	Township	31N	Range	15W	NEEM	SAN JUAN	County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> Shell Pipe Line	Address (Give address to which approved copy of this form is to be sent)	Farmington, New Mexico
Name of Authorized Transporter of 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.	M 22 31N 15W	Is gas actually connected?	When

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input checked="" type="checkbox"/> Same Res'ty.	<input type="checkbox"/> Diff. Res'ty.
Date Spudded	1-9-58	Date Compl. Ready to Prod.	1-23-58	Total Depth	2452	P.B.T.D.		
Elevations (DF, RAB, RT, GR, etc.)	GL 5895	Name of Production Formation	Gallup	Top Oil Gas Pay	2358-2452	Tubing Depth	2452	
Perforations						Depth Casing Shoe	2357	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	3 1/2"	2357	140
	8 5/8"	102	80

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	2-8-58	Date of Test	2-8-58	Producing Method (Flow, pump, gas lift, etc.)	PUMPING
Length of Test	24 hrs.	Tubing Pressure		Casing Pressure	
Actual Prod. During Test	71 B.B.L.	Oil-Bbls.	71	Water-Bbls.	0

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	

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.

Lance Hill  
(Signature)  
Agent  
(Title)  
2-9-81  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 17 1981  
Original Signed by FRANK T. CHAVEZ, 19  
BY  
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 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 multiple