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LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
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 1-1-65

F. C.  
3088 N  
3006 R

Operator <b>CARIBOU FOUR CORNERS, INC.</b>	
Address <b>Transwestern Life Building, Room 219 404 N. 31st Street - Billings, Montana 59101</b>	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Ute Mtn. Ute</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Verde Gallup</b>	Kind of Lease <b>Federal</b> State, Federal or Fee <b>(Indian)</b>
Location Unit Letter <b>F</b> , <b>1850</b> Feet From The <b>North</b> Line and <b>2000</b> Feet From The <b>West</b> Line or Section <b>10</b> , Township <b>31 North</b> Range <b>15 West</b> , NMPM, <b>San Juan</b> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Inland Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1528 Farmington, N.M. 87401</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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>F</b>	Sec. <b>10</b>
	Twp. <b>31N</b>	Rge. <b>15W</b>
	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>7-24-79</b>	Date Compl. Ready to Prod. <b>10-8-79</b>		Total Depth <b>1985'</b>		P.B.T.D. <b>1979'</b>			
Pool <b>Verde Gallup</b>	Name of Producing Formation <b>Gallup Sd.</b>		Top Oil/Gas Pay <b>1927'</b>		Tubing Depth <b>1929'</b>			
Perforations <b>1927, 28, 30, 32, 34, 36, 37, 43, 44, 1959 &amp; 2 shots/ft. 1949-53.</b>					Depth Casing Shoe <b>1985'</b>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>8 3/4"</b>	<b>7"</b>	<b>809'</b>	<b>200 Sx. CL."B"</b>
<b>6 1/4"</b>	<b>4 1/2"</b>	<b>1985'</b>	<b>60 Sx. REC</b>
<b>2 3/8" Production tubing set @ ----</b>		<b>1929'</b>	

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 <b>11-15-79</b>	Date of Test <b>11-17-79</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>Zero</b>	Casing Pressure <b>Zero</b>	Choke Size <b>None</b>
Actual Prod. During Test <b>65.7</b>	Oil-Bbls. <b>65.7</b>	Water-Bbls. <b>Zero</b>	Gas-MCF <b>TSTM DEC 13 1979</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			<b>48.5</b>
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

**Ashton B. Geren, Jr.**  
(Signature)

**Petroleum Consultant**  
(Title)

**12-2-79**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 19 1979**, 19\_\_\_\_

BY **Original Signed by**

TITLE **DEPUTY OIL CONSERVATION COMMISSIONER**

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 Sections I, II, III, and VI only 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.