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U.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-110
Effective 1-1-65

Operator WTR OIL COMPANY	
Address Drawer LL, Cortez, Colorado 81321	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☒
Change in Ownership ☐	Casinghead Gas ☐
	Dry Gas ☐
	Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo "p"	Well No. 8	Pool Name, Including Formation Many Rocks Gallup	Kind of Lease Federal	Lease No. 3540
Location				
Unit Letter M	660	Feet From The South	Line and 660	Feet From The West
Line of Section 35	Township 32N	Range 17W	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Ciniza Pipe Line, Inc.	P.O. Box 1887, Bloomfield, New Mexico 87413					
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 C	Sec. 34	Twp. 32N	Rge. 17W	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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, 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		

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

GAS WELL

Actual Prod. Test-MCF	Length of Test	Bbls. Condensate MMCF	Gravity of Condensate
Testing Method (Flow, pump, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATION AND SIGNATURES

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.

APPROVED _____ AUG 25 1982 _____, 19

Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.
This is a request for allowable for a newly drilled or deepened well. The allowable shall be based on a calculation of the deviation test results in the well in accordance with RULE 111.
A copy of this form must be filed out completely for allowable for recompleted wells.
Include only Sections I, II, III, and VI for changes of owner, well name, location, or transporter or other such change of condition.
This form must be filed for each pool in multiply