## DISTITUDION TON NEW MEXICO OIL CONSERVATION COMMISSION SARTA FE REQUEST FOR ALLOWABLE FILE U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE 1 OIL TRAHSPORTER **OPERATOR** PRORATION OFFICE Operular Getty Oil Company P. O. Box 3360, Casper, WY 82602 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Dry Cos OH Recompletion Change In Ownership X Condensate Casinghead Gas If change of ownership give name and address of previous owner \_\_\_\_ Skelly Oil Company, Box 3360, Casper, WY 82602 DESCRIPTION OF WELL AND LEASE [Vell tie.] Feet Mane, Including Formation Virid of Lease 1 cost No. State, Federal or Fee Fed 14-20-603-503 Many Pocks Gallup Navajo "M" 9 Location North Line and\_ East 660 550 Feet From The Feet From The San Juan 17W 32N Ponge Township DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Mome of Authorized Transporter of Oil 🔞 or Condensate 🗌 Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, NM 87401 Shell Pipeline Corp. Name of Authorized Transporter of Custinghead Gas [ ] Address (Give address to which approved copy of this form is to be sent) er Dry Gas Is gas octually commested? When Tunit Sec. Twp. Fige. If well produces oil or liquids, give location of tanks. 32N : 17W <u>'\_\_c</u>\_\_ 34 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Disignate Type of Completion - (X) Weikover Gas Well New Well P.E.T.D. Total Depth Este Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, FAB, RT, GR, etc., Depth Caring Shoe TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE (Test must be after recovery of total valume of load all and must be equal to ar able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Bun To Tanks Chole Size Сомир Рислаше Tubing Pieszure Langua of Test GEN-MUF Woter - Bille. Cil-Bale. Actual Fied, During Test GAS WELL Grevity of Conse Fale Bile. Condensole/NMCF Arteal Free, Trat-WCF/P Length of Test Coring Freenate (shat-in) Chake Si: Teating weth a (point, back pr.) Tubing Freekure (Shat-in) OIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE APPROVED\_ I hereby certify that the rules and regulations of the Oil Conservation ORIGINAL STREET BY M. F. MAXWELL, JR.

Commission have been complied with and that the information given above is true and complete to the beat of my knowledge and belief.

Area Superintendent

(Tile)

2/9/77

This form is to be filed in compliance with BUCE 1104.

If this is a request for allowable for a newly drilled or despe well, this form must be accompanied by a tabulation of the uncertaint tests labor on the well in accordance with RULE 111.

All sections of this form must be filled out completely for ellow-able on new and recompleted wells.

FIII 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 methyly placed cells.

40. 07 COPIES MEC		1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.5.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  OPERATOR	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  OPERATOR

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE		CONSERVATION COM FOR ALLOWABLE AND ANSPORT OIL AND		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
I.	Operator WTR OIL COMPANY	1	•		
	Drawer LL, Cortez,	Colorado 81321			
	Reason(s) for filing (Check proper box	)	Other (Pleas	se explain)	
	New Well Recompletion	Change in Transporter of:  Oil X Dry G			
	Change in Ownership		ensate		
1	If change of ownership give name and address of previous owner				
I.	DESCRIPTION OF WELL AND   Lease Name	LEASE   Well No.   Pool Name, Including	Formation	Kind of Lease	
	Navajo "M"	9 Many Rocks		State, Federal or	Federal Legse No. 14-20-603-5013
	Unit Letter A : 660				
	3/	waship 32N Range	17W , NMPI	Feet From The  M, San J	
R 1	DESIGNATION OF TRANSPORT	FER OF OUL AND NATURAL C	1.0		County
	Name of Authorized Transporter of Oil	X or Condensate	Address (Give address	to which approved o	copy of this form is to be sent)
ļ	Ciniza Pipe Line, I		P.O. Box 18	87, Bloomfie	eld New Mexico 87413 copy of this form is to be sent)
Í	Trains of Authorized Trainsporter of Ose	inglised des [ ] of Diff Ges [ ]	Address (Give aggress	to which approved c	copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. 34 32N 17W	Is gas actually connec	ted? When	<del> </del>
, I	f this production is commingled wit	h that from any other lease or pool,	, give commingling orde	r number:	
ا . '	COMPLETION DATA	Ott Well Gas Well	New Well Workover	Deepen Pi	ug Back   Same Resty, Diff. Resty.
-	Designate Type of Completio	<u> </u>			1
	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	Tu	abing Depth
-	Perforations			De	epth Casing Shoe
-					
-	HOLE SIZE	TUBING, CASING, AN	DEPTH S	<del></del>	SACKS CEMENT
-					
L					
	TEST DATA AND REQUEST FO				must be equal to or exceed top allow-
-	OII, WELL Late First New Oil Run To Tanks	Date of Test	epth or be for full 24 hour Producing Method (Flo	<u> </u>	c.)
:			,		4
	Length of Test	Tubing Pressure	Cosing Pressure	Gr.	out on 5 1002
-	Actual Prod. During Test	Oil-Bbis.	Woter-Bhis.	60	- NET SAME PORM
-				<u> </u>	OL COX. COM.
_	SAS WELL	······································			
	Actual Prod. Test-MCF/D	Length of Test	ellà, Condeneate/MMC	:F Gr	avity of Condensate
	raing Method (pitot, back pr.)	Tuping Freasure (Shut-in)	Costro Pressure (Shut	:-in) Ch	noke Size
	DEFICATE OF COMPLIANCE	Œ	CiL	CONSERVATION AUG 251	ON COMMISSION
1,	hereby certify that the rules and re-	egulations of the Oil Conservation			, 18
	. Live is true and complete to the		EY Original Sign	ed by FRANK T. CH	
			TITLE	PERVISOR DISTRICT	# .* 
This form is to be filed in compliance with a			liance with RULE 1104.		
<b></b> .	Oi ( Signa				for a newly drilled or despended by a tabulation of the deviation
	Office Manager		teats takes on the	well in accordance	
	8-24-8	2	H and on new and re	ecompleted wells.	
-	(bai	e 1			, and VI for changes of owner, rother such change of condition.
7	•		Separate Form		filed for each pool in multiply

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

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

1.	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE	TER OIL GAS					
	1 -	BayStar Petroleum Corporation					
	Address P O Roy	2975, Corpus Christ	f To 79/02				
	Reason(s) for filing (Check proper box		Other (Please explain)				
	New Well	Change in Transporter of:	Omer (Freuse explain)				
	Recompletion  Change in Ownership X	Oil Dry G	F=	·			
	Change in Ownerantp[	Casinghead Gas Conde	L_J				
	If change of ownership give name and address of previous owner	WTR Oil Company, Dr	awer LL, Cortez, Co	lorado 81321			
11.	DESCRIPTION OF WELL AND	LEASE		2			
	Lease Name	Well No. Pool Name, Including F	formation Kind of Lea	rederal Lease No.			
	Navajo "M"	9   Many Rocks	Gallup State, Fede	ral or Fee 14-20-603-5013			
	Unit Letter A ; 660	Teet From The North Lin	ne and 660 Feet From	The East			
	Line of Section 34 To	wnship 32N Range	17W , мыры, San	Juan County			
11.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	18				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)			
	Ciniza Pipe Line Name of Authorized Transporter of Cas	Singhead Gas or Dry Gas	P. O. Box 1887, B	loomfield, NM 87413 oved copy of this form is to be sent)			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. C 34 32N 17W	Is gas actually connected?	hen			
	If this production is commingled wir COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	1			
•	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth				
	•	Series Somple Heady to From	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gil/Gas Pay	Tubing Depth			
	Perforations .		Depth Casing Shoe				
			CEMENTING RECORD				
ł	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-			
	OIL WELL Date First New Oil Bun To Tanks	able for this de	pth or be for full 24 hours)  Producing Method It low; pump, gas	•			
				Company of the Compan			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
ŀ	Actual Prod. During Test	Oil-Bbls.	Water-Bble. MAY 0.6	Que - MCF			
			Oil Const				
	AS WELL		Oil Carrier Bist. 3				
	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			
I. (	CERTIFICATE OF COMPLIANC	CE	OIL CONSERV	ATION COMMISSION MAY U.S. 1985			
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.  (Signature)  Michael H. North, President  (Title)		APPROVED  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.					
					May 2, 1985 (Date)		

Separate Forms C-104 must be filed for each pool in multiply