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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
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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

I. Operator **James P. Woosley**
Address **Box 245, Rangely, Colorado 81648**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ **Shut In**

If change of ownership give name and address of previous owner **Murphy Oil Corp., 200 Jefferson Ave., El Dorado, Arkansas 71730**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Navajo AA** Well No. **16** Pool Name, Including Formation
Kind of Lease **Indian** Lease No.
Location
Unit Letter **A** ; **952'** Feet From The **North** Line and **953'** Feet From The **East**
Line of Section **20** Township **32N** Range **17W** , NMPM, **San Juan County** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Co. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1533, Farmington, New Mexico 87401
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 **A** Sec. **20** 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) **XX**
Date Spudded **6 - 22 - 64** Date Compl. Ready to Prod. **6 - 27 - 64** Total Depth **1653'** P.B.T.D. **1647'**
Elevations (DF, RKB, RT, GR, etc.) **5822' GL** Name of Producing Formation **Mary Rocks Gallup** Top Oil/Gas Pay **1615'** Tubing Depth **None**
Perforations **1648.51"**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE **9"** CASING & TUBING SIZE **7"** DEPTH SET **25.00'** SACKS CEMENT **10 Sx**
6 1/4" **4 1/2"** **1648.51'** **50 Sx**

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

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.

James P. Woosley
(Signature)
Operator
(Title)
May 25 1970
(Date)

OIL CONSERVATION COMMISSION
MAY 27 1970
APPROVED _____, 19____
BY **Original Signed by Emery C. Arnold**
SUPERVISOR DIST. #3
TITLE _____

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 multiply completed wells.