

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	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

B.R.

I. Operator **James P. Woosley**

Address **Box 1227 Cortez Colorado 81321**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo AA	Well No. 19	Pool Name, Including Formation North Many Rocks Gallup	Kind of Lease State, Federal or Fee Indian	14-20-803 585
Location Unit Letter B ; 500 Feet From The North Line and 2105 Feet From The East				
Line of Section 19 Township 32N Range 17W , NMPM, San Jaun County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588 Farmington N.M.	
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 G	Sec. 18
	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'v.	Diff. Res'v.
XX			XX					
Date Spudded 6 - 10 - 71	Date Compl. Ready to Prod. 11 - 14 - 72		Total Depth 1385		P.B.T.D. 1385			
Elevations (DF, RKB, RT, CR, etc.) 5480 GL	Name of Producing Formation Lower Gallup		Top Oil/Gas Pay 1363		Tubing Depth 1368			
Perforations pipe set above SS @ 1360					Depth Casing Shoe 1360			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12"	8 5/8"		33'		10 sks			
7 1/4"	4 1/2"		1369'		30 sks			
4 1/2" casing	2 3/8" upset		1368					

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 11 - 14 - 72	Date of Test 4 - 28 - 76	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure 30 lbs.	Casing Pressure TSTM	Choke Size open
Actual Prod. During Test 3.33	Oil-Bbls. 3.33	Water-Bbls. 0	Gas-MCF TSTM

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.

James P. Woosley
Operator (Signature)

May 14 1976
(Date)

OIL CONSERVATION COMMISSION

MAY 18 1976

APPROVED
Original Signed by **A. R. Kendrick**

TITLE **SUPERVISOR DIST. #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 multiply