

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

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LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	/
PRORATION OFFICE	/

Operator James P. Woosley	
Address Box 1227 Cortez Colorado 81321	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo	Well No. 16	Pool Name, Including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee Indian	14-20-603 1205
Location Unit Letter L ; 2300 Feet From The South Line and 712 Feet From The West Line of Section 27 Township 32N Range 17W , NMPM, San Juan 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 Corp	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588 Farmington New Mexico 87401	
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 N	Sec. 27
	Twp. 32	Rge. 17
	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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12 - 27 - 76	Date Compl. Ready to Prod. 2 - 10 - 77		Total Depth 1341		P.B.T.D. 1341			
Elevations (DF, RKB, RT, GR, etc.) 5574 GL	Name of Producing Formation Lower Gallup		Top Oil/Gas Pay 1317		Tubing Depth 1339			
Perforations					Depth Casing Shoe 1340			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 9" 6 1/4"	CASING & TUBING SIZE 6" 4 1/2"		DEPTH SET 30' 1341		SACKS CEMENT 10 sks 25 sks			

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 2 - 11 - 77	Date of Test 2 - 12 - 77	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24	Tubing Pressure 3-lbs	Casing Pressure TSTM	Choke Size open
Actual Prod. During Test 10	Oil-Bbls. 2	Water-Bbls. 8	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)
3/11/77
(Date)

OIL CONSERVATION COMMISSION
APPROVED **MAR 17 1977**, 19____

BY Original Signed by A. H. Kondrat

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.