

DISTRIBUTION	
SANTA FE	
FILE	
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

RECEIVED

JAN 11 1983

OIL CON. DIV.

Operator <u>James P Woosley</u>	
Address <u>Box 1227 Carter, Colo 81321</u>	
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"/>

RECEIVED
AUG 09 1984
OIL CON. DIV.
DIST. 3

1st delivery 7-27-84

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Navajo</u>	Well No. <u>27</u>	Pool Name, including Formation <u>North Many Rocks Gallup</u>	Kind of Lease State, Federal or Fee	Lease No. <u>14-20-603-585</u>
Location				
Unit Letter <u>H</u>	<u>766</u>	Feet From The <u>East</u>	Line and <u>3278-1982</u>	Feet From The <u>South North</u>
Line of Section <u>20</u>	Township <u>32N</u>	Range <u>17W</u>	, NMPM, <u>San Juan</u> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>El Paso Natural Gas Co.</u>	<u>Box 990 Farmington NM 87499</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>Yes</u>	When <u>7-19-84</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't.	Diff. Res't.
Date Spudded <u>August 14, 1982</u>	Date Compl. Ready to Prod. <u>12-22-82</u>	Total Depth <u>1583</u>	P.B.T.D. <u>1583</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5839 GL</u>	Name of Producing Formation <u>Lower Gallup SS</u>	Top Oil/Gas Pay <u>1560</u>	Tubing Depth <u>1562</u>					
Perforations <u>open hole from 1556' - 1583'</u>			Depth Casing Shoe <u>1556</u>					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>9"</u>	<u>7"</u>	<u>64'</u>	<u>7 sks to surface</u>
<u>6 1/2"</u>	<u>4 1/2"</u>	<u>1556'</u>	<u>50 sks</u>
	<u>2 3/8</u>	<u>1562</u>	

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/D <u>2,320,600</u>	Length of Test <u>24</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>back pressure</u>	Tubing Pressure (Shut-in) <u>360 lbs.</u>	Casing Pressure (Shut-in) <u>360 lbs.</u>	Choke Size <u>3/4"</u>

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)
1-11-83
(Date)

OIL CONSERVATION COMMISSION
8-9-84
APPROVED AUG 09 1984, 19____
Original Signed by FRANK T. CHAVEZ
BY SUPERVISOR DISTRICT # 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.