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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088,
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Lobo Production

Address PO Box 2364 Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	Other (Please explain)
<input type="checkbox"/> Recompletion		
<input type="checkbox"/> Change in Ownership		

change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name <u>Libra</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat Gallup</u>	Kind of Lease State, Federal or Fee State	Lease No. <u>LG6557</u>
Location Unit Letter <u>C</u> ; <u>810</u> Feet From The <u>North</u> Line and <u>1800</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>32N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

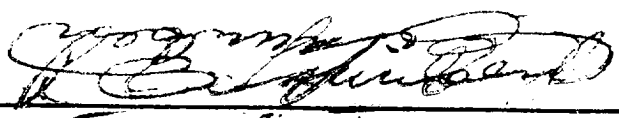
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Giant Refinery</u>	<u>PO Box 256 Farmington, New Mexico 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Northwest Pipeline Corp</u>	<u>PO Box 8900 Salt Lake City Utah 84108</u>
Well produces oil or liquids, or location of tanks.	Is gas actually connected? When
Unit <u>C</u> Sec. <u>16</u> Twp. <u>32N</u> Rge. <u>13W</u>	<u>no</u> <u>November 15, 1984</u>

This production is commingled with that from any other lease or pool, give commingling order number: DHC 483

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Operator _____
(Title)
10-31-84
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 01 1984, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE 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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 12-21-83	Date Compl. Ready to Prod. 3-24-84		Total Depth 3585'		P.B.T.D. 3550'				
Elevations (DF, RKB, RT, GR, etc.) 3161 Gr.	Name of Producing Formation. Wildcat Gallup		Top Oil/Gas Pay 2520-2924		Tubing Depth 3450'				
Perforations 2522 to 2924'					Depth Casing Shoe 3568'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
1/4	8 5/8"	24#	120	90 sks (106.2 Cuft) MV
6 3/4	5 1/2"	17#	1666'	180 sks (212 cuft) ClBNeet
4 3/4"	3 1/2"	9.3#	3568	80 sks (94.4 cuft) cl B
	1 1/4"		3450'	

TEST DATA AND REQUEST FOR ALLOWABLE (Tests 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.)	
Depth of Test	Tubing Pressure		Casing Pressure	Choke Size
Steel Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas - MCF

AS WELL

Initial Prod. Test - MCF/D 47.1	Length of Test 24 hrs	Bbls. Condensate/MCF 0.43	Gravity of Condensate 42
Setting Method (pilot, back pr.) Bk Pr.	Tubing Pressure (Shut-In) 20	Casing Pressure (Shut-In) 150	Choke Size 1/4"