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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

Bl.

I. **Operator**
Chaco Oil Company

Address
Box 8294, Albuquerque, N. M.

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Santa Fe Pacific R R	Well No. 30	Pool Name, including Formation Red Mountain (Manefee)	Kind of Lease State, Federal or Fee	Fee
Location: Unit Letter B ; 410 Feet From The North Line and 1930 Feet From The East Line of Section 29 , Township 20 N Range 9 W , NMFM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Lamar Trucking, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1528, 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 0 Sec 20 Twp 20N Rge 9W	Is gas actually connected? No 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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-3-63	Date Compl. Ready to Prod. 5-30-65	Total Depth 973'	P.B.T.D. -					
Pool Red Mountain-new pay	Name of Producing Formation Manefee	Top Oil/Gas Pay 955'	Tubing Depth none					
Perforations 956-959	Depth Casing Shoe 973'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 10-3/4 6 1/2"	CASING & TUBING SIZE 7" 2 1/2" ID		DEPTH SET 31' 973'		SACKS CEMENT 10 60			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-30-65	Date of Test 6-3-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size 2 1/2"
Actual Prod. During Test	Oil-Bbls. 3	Water-Bbls. 1	Gas-MCF 0

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

M. J. Hodge
Co-Owner
6-14-65
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED **JUN 21 1965**, 19
BY Original Signed Emory C. Knack
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 Sections I, II, III, and VI only 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.