1	NO. OF COPIES RECE	5		
	DISTRIBUTION			
	SANTA FE	1		
	FILE	1	ν	
	U.\$.G.S.			
	LAND OFFICE	LAND OFFICE		
	TRANSPORTER	OIL		
	TRANSI ORTER	GAS		
	OPERATOR		21	
I.	PRORATION OFFICE			
	Operator			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

ſ	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116				
	FILE I V		Effective 1-1-65					
	U.\$.G.S.	GAS N						
	LAND OFFICE	$V \sim 0$						
Ī	TRANSPORTER OIL			\Ø·				
	GAS							
Ì	OPERATOR 2							
1.	PRORATION OFFICE							
- 1	Operator							
1	Burr & Cooley							
l	dress							
	152 Petroleum Center Building, Farmington, New Mexico 87401							
	eason(s) for filing (Check proper box) Other (Please explain)							
1	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Ga	s 🔲					
	Change in Ownership	Casinghead Gas Conder	nsate					
1								
	If change of ownership give name							
	and address of previous owner							
TT	DESCRIPTION OF WELL AND L	IDTION OF WELL AND LEASE						
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation Kind of Leas	1 = 1 = 1				
		2 Lone Pine Da	0 7	al or Fee Navajo NOO-C-14				
	Coleman Location	Lone Pine De	akuta u	20-4305				
	_							
	Unit Letter <u>C</u> ; <u>3</u>	Feet From The North Lin	e and 1650 Feet From	The Wost				
		_		Garage Constant				
	Line of Section R Tow	mship 17 North Range	8 West , NMPM, Mc	-Kinley County				
			_					
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved conv of this form is to be sent				
	Name of Authorized Transporter of Oil		1					
	Inland Corporation		5101 E. Main, Farmington, N.M. 87401 Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	hen				
	give location of tanks.	C 8 17N 8W						
	If this production is commingled wit	h that from any other lease or pool.	give commingling order number:					
	COMPLETION DATA							
- • •		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion	$\mathbf{x} = (\mathbf{x})$	X	1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	8/17/74		2850°	28361				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	6999.0 GR	Dakota "D" Sand	27801	2794'				
	Perforations			Depth Casing Shoe				
	2778-2783'			2845'				
	2,7,0 2,7,0	TUBING, CASING, AN	D CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	9-7/8"	8-5/8"	100'	(2) 1.D				
	<u> -1/5"</u>	5-1/2" Casing	2850'	/234				
		2-3/8" Tubing	2794'					
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)							
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)				
	8/30/74	8/30/74	Flos					
		Tubing Pressure	Casing Pressure	Choke Size				
	Length of Test		340	24/64				
	24 Hrs.	100 Lbs.	Water-Bbls.	Gas - MCF				
	Actual Prod. During Test	Oil-Bbls.	-0-	80				
	246	246						
	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				
1/1	CERTIFICATE OF COMPLIAN	EDITIFICATE OF COMPLIANCE		ATION COMMISSION				
¥I.	hereby certify that the rules and regulations of the Oil Conservation							
			APPROVED	SEP 5 . 19				
	Camping house been complied t	with and that the information given	H Original and Applicate					
	shove is this and complete to the	best of my knowledge and belief.	PETROLEUM LAGIN					
	BURR & COOLEY	1 / /	PETROLEUM ELGIN	mass Dadie NV. •				

August 30, 1974

(Title)

(Date)

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.