

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

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator **REID MOUNTAIN ASSOCIATES**

Address **2626 Holly Street Denver Co 80207**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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 <b>STATE</b>	Well No. <b>24</b>	Pool Name, including Formation <b>Chaco Wash Menefee</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>2779</b>
Location				
Unit Letter <b>B</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>2310</b> Feet From The <b>East</b>				
Line of Section <b>28</b> Township <b>20N</b> Range <b>9W</b> , NMPM, <b>McKinley</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Plateau Inc.</b>						
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
		<b>28</b>	<b>20N</b>	<b>9W</b>		

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't'v. <input type="checkbox"/>	Diff. Res't'v. <input type="checkbox"/>
Date Spudded <b>5/13/81</b>	Date Compl. Ready to Prod. <b>8/27/81</b>		Total Depth <b>545</b>		P.B.T.D. <b>506</b>			
Elevations (DF RKB, RT, GR, etc.)	Name of Producing Formation <b>Menefee</b>		Top Oil/Gas Pay		Tubing Depth <b>495</b>			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>6 3/4"</b>	<b>4 1/2"</b> <b>2 3/8"</b>		<b>506</b>		<b>80</b>			

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 <b>8/30/81</b>	Date of Test <b>8/30/81</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Swab</b>	
Length of Test <b>4 hrs 12</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>5 30</b>	Water - Bbls. <b>.25</b>	Gas - MCF

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.

**W. Zenati**  
(Signature)  
**Production Engineer**  
(Title)  
**10/17/81**  
(Date)

OIL CONSERVATION COMMISSION  
**OCT 19 1981**  
APPROVED  
Original Signed by **FRANK T. CHAVEZ**  
BY  
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 multiple

