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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

I. Operator
Bolack Minerals Co.
Address
P.O. Box 255, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner N.A.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 320	Pool Name, Including Formation Devil's Fork-Gallup	Kind of Lease Federal	Lease No. SF-080594
Location Unit Letter D 860 Feet From The North Line and 1110 Feet From The West Line of Section 1 Township 24 North Range 6 West, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS (Suite 202, Petr. Plaza Bldg.)

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp. Permian (EPR 1/1/83)	Address (Give address to which approved copy of this form is to be sent) 3535 30th St., Farmington NM 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Nat. Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso TX 79978					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 1	Twp. 24N	Rge. 6W	Is gas actually connected? No	When Unknown

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

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1/12/83	Date Compl. Ready to Prod. 3/5/83		Total Depth 6180'		P.B.T.D. 6126'			
Elevations (DF, RKB, RT, GR, etc.) 6694' Gr, 6706' KB	Name of Producing Formation Gallup Fm.		Top Oil/Gas Pay 5796'		Tubing Depth 5993'			
Perforations 5796' to 6024'					Depth Casing Shoe 6178'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8", 24.0 lb.		216'		100 Class B, 2% CaCl ₂			
7 7/8"	4 1/2", 11.6 lb.		6,172'		1st stg-250 Class H 2%			
	23/8		5993		gel, 2nd stg-650 econo-			
					lite & 100sks. Class H, 2% gel			

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)

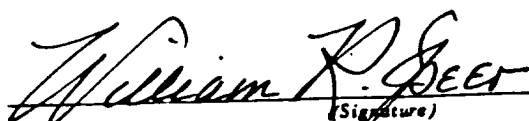
Date First New Oil Run To Tanks 3/15/83	Date of Test 3/16/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 60 psi	Casing Pressure 220 psi	Choke Size 64/64ths
Actual Prod. During Test	Oil - Bbls. 26	Water - Bbls. 5	Gas - MCF 125

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

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.


(Signature)

Agent

(Title)

April 4, 1983

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by ERNEST CHAVEZ

TITLE SUPERVISOR DISTRICT 353

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.

