

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

RECEIVED
JUN 01 1984
OIL CON. DIV.
DIST. 3

Operator <u>Joseph B. Gould</u>	
Address <u>2829 East 2nd Ave, Suite 212, Denver, Colorado 80206</u>	
Reason(s) for filing (Check proper box)	
☒ New Well	Change in Transporter of:
☐ Recombination	☐ Oil ☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas ☐ Condensate
Other (Please explain)	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Phillips 32</u>	Well No. <u>4</u>	Pool Name, including Formation <u>West Lindrith Gal/Dak</u>	Kind of Lease <u>Federal</u>	Lease No. <u>sf079549</u>
Location				
Unit Letter <u>C</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>2190</u> Feet From The <u>East</u>				
Line of Section <u>32</u> Township <u>25N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Giant Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 256, Farmington, N.M. 87499</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 990, Farmington, N.M. 87499</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>32</u>
	Twp. <u>25N</u>	Rge. <u>3W</u>
	Is gas actually connected? <u>No</u>	
	When <u>6 months</u>	

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

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

VI. 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.

R. D. Simmons
(Signature)
Agent
(Title)
June 1, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 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'tv.	Diff. Res'tv.
		X		X					
Date Spudded 4-11-84	Date Compl. Ready to Prod. 5-29-84	Total Depth 8190				P.B.T.D. 8133			
Elevations (DF, RKB, RT, GR, etc.); 7327 GR 7340 KB	Name of Producing Formation Gallup & Dakota	Top Oil/Gas Pay 7002				Tubing Depth 8035			
Perforations 7002 - 7268 Gallup 7918 - 8104 Dakota						Depth Casing Shoe 8172			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		250 2162		200 (236 cu. ft.)				
7-7/8	4-1/2		8172		1150 sks (2567 cu. ft.)				
	2-3/8		8133 8035		3419				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 5-29-84	Date of Test 5-29-84	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24	Tubing Pressure 0	Casing Pressure 850	Choke Size 2" tbg.
Actual Prod. During Test 370	Oil - Bbls. 70	Water - Bbls. 300 frac.	Gas - MCF 30 est

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size