

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Joseph B. Gould

Address
P.O. Box 6568, Denver, Colorado 80206

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> 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	

If change of ownership give name and address of previous owner _____

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Phillips 32	Well No. 5	Pool Name, including Formation W. Lindrith Gal/Dak	Kind of Lease State, Federal or Fee	Lease No. SF07954
Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>32</u> Township <u>25N</u> Range <u>3W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

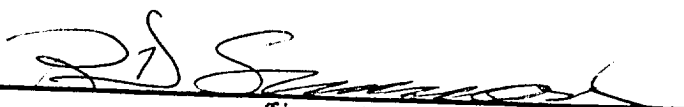
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Corp.	Address (Give address to which approved copy of this form is to be sent) Box 256 Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 990 Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>32</u> Twp. <u>25N</u> Rge. <u>3W</u>	Is gas actually connected? <u>No</u> When <u>Est. May 1985</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

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.


(Signature)

Agent _____
(Title)

October 28, 1984
(Date)

OIL CONSERVATION DIVISION
APPROVED OCT 30 1984

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 2

TITLE _____

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'v.	Dill. Ro
Date Spudded	Date Compl. Ready to Prod.		X						

8-30-84	10-26-84	Name of Producing Formation	Top Oil/Gas Pay	Total Depth	P.B.T.D.	Tubing Depth	Depth Casing Shoe
7258 RKB	Gallup-Dakota	6956	7717	8060	8044	7717	8860
Elevations (D.F., RKB, RT, CR, etc.)							
Perforations	Gallup	6956-7246	Dakota	7838-8014			

TUBING, CASING, AND CEMENTING RECORD		HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
12=1 1/4	8-5/8	7/7/8	4-1/2	2-3/8	7717	8060	1750	200	

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	10-26-84	Date of Test	10-26-84	Producing Method (Flow, pump, gas lift, etc.)	Swabbing	Length of Test	10 hrs.	Actual Prod. During Test	379
Oil-Bits	0	Tubing Pressure	520	Casing Pressure	250	Water-Bits	30	Gas-MCF	2"

Actual Prod. Test-MCF/D	Length of Test	Blis. Condensate/MCF	Gravity of Condensate	Choke Size
Tubing Pressure (Start-Is)	Casing Pressure (Start-Is)	Choke Size		

Testing Method (Spec. back pr.)	Tubing Pressure (Start-Is)	Casing Pressure (Start-Is)	Choke Size
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