

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
PRODUCTION OFFICE	

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

I. Operator Joseph B. Gould

Address P. O. Box 48 Farmington, N.M. 87499

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"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Phillips 32</u>	Well No. <u>7</u>	Pool Name, Including Formation <u>W. Lindrith Gal/Dak.</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>SE079549</u>
Location				
Unit Letter <u>I</u> : <u>340</u> Feet From The <u>East</u> Line and <u>2220</u> Feet From The <u>South</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Giant Refining Co.</u>	<u>Box 256 Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas</u>	<u>Box 990 Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>I 32 25N 3W No Est. 10-1-85</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)
April 1, 1985 (Date)

OIL CONSERVATION DIVISION
APR - 2 1985

APPROVED _____
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'v.	Diff. Res'v.
		X		X					
Date Spudded 1-22-85	Date Compl. Ready to Prod. 3-26-85	Total Depth 8070		P.B.T.D. 8000					
Elevations (DF, RKB, RT, GR, etc.) 7188 GB 7200 KB	Name of Producing Formation Gallup/ Dakota	Top Oil/Gas Pay 6864		Tubing Depth 7401					
Perforations Gallup 6864 Btm 7160 Dakota top 7720 Btm 7962				Depth Casing Shoe 8045					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		201		1770 See Attachment A				
7-7/8	4-1/2		8045		342 5" CF "				
	2-3/8		7401						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of seal 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 3-28-85	Date of Test 3-30-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 25	Casing Pressure 1400	Choke Size 2"
Actual Prod. During Test 500	Oil - Bbls. 100	Water - Bbls. 400 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