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DISTRIBUTION			
SANTA FE	~;	CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1
FILE	REQUEST	FOR ALLOWABLE AND	Effective X-1-65
U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATUR	DAL GAS
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATOR	AL GAS
OIL			· · ·
TRANSPORTER GAS	7		
OPERATOR	†		. / .
PROBATION OFFICE	7		
Cperator			
Benson-Montin-Gr	eer Drilling Corp.		
Address 221 Patroleum Ce	enter Building, Farmingto	n. NM 87401	
Reason(s) for filing (Check proper box		Other (Please explain	1
New Well X	Change in Transporter of:	Gine, (1 rease explain	,
Recompletion	OIL Dry Go		
Change in Ownership	Casinghead Gas X Conde		
onende in Owner-mp			
If change of ownership give name			•.
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F	;	
Canada Ojitos Unit	24 West Puerto	Chiquito Mancos State, i	Federal c: Fee Fed. NM 33008
Location			
Unit Letter J : 16	50 Feet From The South Lir	ne and 1650 Feet	From The <u>East</u>
Line of Section 8 To	wnship 25N Range	1W , NMPM,	Rio Arriba County
DESIGNATION OF TRANSPORT Name of Authorized Transporter of City	TER OF OIL AND NATURAL GA	AS	approved copy of this form is to be sent;
*			
Ciniza Pipe Line, Inc. Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas : i	Address (Give address to which	doproved copy of this form is to be sent)
El Paso Natural Gas (Unit Sec. Two. Eqs.	Is gas actually connected? Yes	Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	J 8 25N 1W	For reinjection	First Production
If this production is commingled wincomplet windows. COMPLETION DATA	th that from any other lease or pool,	Sive comminging order number	
	Ott Well Gas Well	New Well Workover Deep	en Plug Back Same Resty. Diff. Resty
Designate Type of Completi	on — (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
		<u> </u>	
Perforations			Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u> </u>		
TEST DATA AND REQUEST F	OR ALLOWABLE. (Test must be a chile for this di	ifter recovery of total volume of lo epth or be for full 24 hours)	ad oil and must be equal to or exceed top allow
OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
			MERCINER
Length of Test	Tubing Pressure	Casing Pressure	DA-E-S E I V E
Actual Prod. During Test	Cii-Sbia.	Water - Bbis.	AUG 13 1987
			OIL CON. DIV.
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Alland
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	

TITLE .

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)

(Title)

Vice-President

August 6, 1987

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.

SUPERVISOR DISTRICT # 3

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 cwmer, 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.