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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

30271/N

Operator Benson-Montin-Greer Drilling Corp.	
Address 221 Petroleum Center Building, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>

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JAN 24 1985

If change of ownership give name  
and address of previous owner

OIL CON. DIV.  
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canada Ojitos Unit	Well No. 25	Pool Name, Including Formation Puerto Chiquito Mancos West	Kind of Lease State, Federal or Fee Federal	Lease No. NM 33013
Location Unit Letter <u>B</u> ; <u>231</u> Feet From The <u>north</u> Line and <u>2218</u> Feet From The <u>east</u> Line of Section <u>32</u> Township <u>25N</u> Range <u>1W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Pipe Line, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1887, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 32
	Twp. 25N	Rge. 1W
	Is gas actually connected? No	
	When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 8/27/84	Date Compl. Ready to Prod. 1/14/85		Total Depth 7600'		P.B.T.D. 7485'			
Elevations (DF, RKB, RT, GR, etc.) 7599' GR	Name of Producing Formation Niobrara		Top Oil/Gas Pay 7123'		Tubing Depth 7360'			
Perforations 7456' - 7150'					Depth Casing Shoe 7599'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		492'		250 sacks			
8-3/4"	5-1/2"		7599'		275 sacks			
					Stage 2 375 sacks			
	2 3/4"		7360'		Stage 3 550 sacks			

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 1/14/85	Date of Test 1/14/85	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 8 Hours	Tubing Pressure None	Casing Pressure 325	Choke Size None
Actual Prod. During Test	Oil - Bbls. 78	Water - Bbls. 351 frac water	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)  
Vice President  
(Title)  
January 23, 1985  
(Date)

OIL CONSERVATION COMMISSION  
JAN 24 1985 19  
APPROVED  
Original Signed by FRANK I. CHAVEZ  
BY  
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.