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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

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"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canada Ojitos Unit	Well No. 30	Pool Name, including Formation West Puerto Chiquito Mancos	Kind of Lease State, Federal or Fee	Lease No. Fed. SF 081335
Location Unit Letter <u>F</u> : <u>1755'</u> Feet From The <u>north</u> Line and <u>2418'</u> Feet From The <u>west</u>				
Line of Section <u>30</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Ciniza Pipe Line, Inc.	P.O. Box 1887, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 F	Sec. 30	Twp. 25N	Rge. 1W	Is gas actually connected? Gas is reinjected	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/04/85	Date Compl. Ready to Prod. 9-11-86		Total Depth 8050'		P.B.T.D. 7995'			
Elevations (DF, RKB, RT, GR, etc.) 7671' GR	Name of Producing Formation Niobrara		Top Oil/Gas Pay 7225'		Tubing Depth 7211'			
Perforations 7886 - 7262' 42 holes					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8"		527'		460 cubic feet			
7-7/8"	5-1/2"		8035'		346 cubic feet			
					224 cubic feet when			
					squeeze cemented			

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 9/11/86	Date of Test 10/08/86	Producing Method (Flow, pump, gas lift, etc.) Gas Lift	
Length of Test 24	Tubing Pressure 390	Casing Pressure 910	Choke Size 28/64
Actual Prod. During Test 367	Oil-Bbls. 353	Water-Bbls. *14 frac water	Gas-MCF 212

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.

Vice President

10/09/86

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 1986

BY \_\_\_\_\_

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.