

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CON. DIV

I.

Operator Reading & Bates Petroleum Co.	
Address 3200 Mid-Continent Tower Tulsa, OK 74103	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	Not Change From Can be 11/1/87
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Greenlee Federal	Well No. 41-24	Pool Name, including Formation W. Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No.
Location				
Unit Letter A	990	Feet From The FNL	Line and 990	Feet From The FEL
Line of Section 24	Township 25N	Range 3W	, NMPM, Rio Arriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corp.	Address (Give address to which approved copy of this form is to be sent) 77 Road 4990 P.O. Box 159 Boomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Net Yet Hooked Up	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 24	Sec. 25N
	Twp. 3W	Rge.
	Is gas actually connected? No	When

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.

J. Ben Peter
(Signature)
Division Manager
(Title)
11-12-87
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1987
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.

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	Date Compl.	Ready to Prod.		Total Depth		P.B.T.D.			
7/25/87	10/2/87			8170'		8109'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
7212'GR	Dakota and Gallup		6976'		6908'				
Perforations	7978, 81, 84, 8019,		22, 26, 51, 53, 58, 60, 62, 67, 71, 75,		Depth Casing Shoe				
79,6976,80,84,88,92,96,7000,04,	08,12,16,20,24,28,32,36,40,44,48,52,(con		t below)		8149'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9-5/8" csg.		502'		296				
7-7/8"	5 1/2" csg.		8,149'		953				
(5 1/2" csg)	2-7/8" tbg.		6,908'		NA				

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/4/87	10/7/87	Swabbing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
10 hrs.	0	0	None
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	45	87	100 (estimate)

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

Perfs (cont'd)

6, 60, 64, 68, 72, 76, 80, 84, 88.