COPIES REC	5	]		
ISTRIBUTIO			7	
AFE	1			
£	1	-		
.G.s.				
AND OFFICE				
RANSPORTER	OIL	7		
MANS ON EN	GAS			
PERATOR		2		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	<u> </u>	4		AND			Effec	ctive 1-1-65		
	.G.S.	_ AUTHORIZ	ATION TO TRA	NSPORT	OIL AND NA	TURAL G	AS			
	AND OFFICE	-  .	÷							
	RANSPORTER GAS	_								
	OPERATOR 7	┪								
	PROPATION OFFICE	<del>- </del>								
	Operator BENSON	N-MONTIN-GRI	EER DRILLI	NG CO						
	Address					MINT				
	Reason(s) for filing (Check proper bo.		JILDING, F	ARMIN	Other (Please e.		0			
	New We!1	Change in Trai	asporter of:			• •	name f	ollowing		
	Recompletion	Oil	Dry Ga	s			sion of			
	Change in Ownership	Casinghead Go	S Conder	ısate 🔲				rticipati	ng	
						• • • • • • • • • • • • • • • • • • • •		A	rea	
	If change of ownership give name and address of previous owner				<u> </u>					
11.	DESCRIPTION OF WELL AND		Name, Including F	ormation	Tx	ind of Lease		1.5	se No.	
	CANADA OJITOS UNIT	j l	VEST PUERT		א סיידווכ	ate. Federal		eral NM 0		
	Location	<u>-</u>	THE TOTAL	0 01111	MANIC	•	104	<u> </u>	<del></del>	
	Unit Letter C; 12	280 Feet From Th	north Lin	e and	1610	Feet From T	he <u>west</u>			
	Line of Section 2 To	ownship 25N	Range	lW	, NMPM,	Rio	Arriba	c	County	
		<u> </u>			,	11110	1111111			
M.	DESIGNATION OF TRANSPOR	TER OF OIL ANI		S	<i>(C:</i> 11	1:-1	-1Cat/		- 1	
		Name of Authorized Transporter of Oil  or Condensate  Shell Pipe Line Corporation			Address (Give address to which approved copy of this form is to be sent)  Box 1588, Farmington, New Mexico					
	Name of Authorized Transporter of Co		or Dry Gas	Address (Give address to which approved copy of the					t)	
		Noi				• • •			•	
	If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected? Whe			en			
	give location of tanks.	C 2	25N 1W		No	1				
	If this production is commingled w	ith that from any oth	er lease or pool,	give comm	ningling order n	umber:				
IV.	COMPLETION DATA	Oil We	ll Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv. Diff	Rostv	
	Designate Type of Completi		. , 000	1	1	Deapen.	1 129 2222	James 1105 7. Din		
	Date Spudded	Date Compl. Ready	to Prod.	Total De	oth .		P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/	Gas Pay		Tubing Depth	1		
				<u> </u>						
	Perforations						Depth Casing	Shoe		
		TIIRII	NG CASING AND	D CEMENTING RECORD						
	HOLE SIZE CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT				
		<u> </u>			····			<del></del>		
				<u> </u>			<u> </u>			
V.	TEST DATA AND REQUEST FOIL WELL	FOR ALLOWABLE	(Test must be a) able for this de	fter recover pth or be fo	ry of total volume or full 24 hours)	of load oil a	ind must be equ	ual to or exceed to	p allow-	
	Date First New Oil Run To Tanks	444 Tr A.			Producing Method (Flow, pump, gas lift			i, etc.)		
	Length of Test	Tubing Pressure		Casing P	resure		Choke Size			
	Date Date Date	Ott. Bhis		Water - Bi	10		Gas-MCF	r	0-1	
	Actual Prod. During Test	Oil-Bbls.		Water- Br	,15.		1		/	
		<u> </u>		<u> </u>	<del></del>		<del>/0</del>	IL CON. COI	M	
	GAS WELL						***	DIST. 3		
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Co	ndensate/MMCF		Gravity of Co	ondensate		
					1.51					
	Testing Method (pitos, back pr.)	Tubing Pressure ( S	hut-in j	Casing P	ressure (Shut-i	<b>a</b> )	Choke Size			
<b>272</b>	CERTIFICATE OF COURT IA	IOF.		l	011 60	NEEDVA	TION COM	MISSION		
VI.	CERTIFICATE OF COMPLIAN	CE			OIL CO	NSERVA	HON COM	MISSION AUG 17 1	1970	
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19							
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			By Original Signed by A. R. Kendrick							
				TITLE PETROLEUM ENGINEER DIST. NO. 3						
(Signature)			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened							
								(Sign	nature)	
Vice-President (Title)			All sections of this form must be filled out completely for allow-							
	August	1.			able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner,					
	(Date)				well name or number, or transporter, or other such change of condition.					
,,					I man man man man be filed for each man in middle.					

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.