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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
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	NOEL REYNOLDS		
Address	809 First National Bank Building, EAST Albuquerque, New Mexico 87108		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Inland Corporation authorized to transport 461 barrels only, until further notice.	
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" 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	NOEL REYNOLDS	Well No.	1	Pool Name, including Formation	Undesignated Gallup	Kind of Lease	Federal	Lease No.	NM 0467309
Location	Unit Letter A ; 790 Feet From The North Line and 790 Feet From The East								
Line of Section	34	Township	24 North	Range	8 West	, NMPM, San Juan		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"/>	Inland Corporation			Address (Give address to which approved copy of this form is to be sent)			Box 1528 - Farmington, New Mexico		
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	Sec.	Twp.	Rge.	Is gas actually connected?	When			
	1	34	24N	8W	No				

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

None

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			X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-16-66	7-15-66		5212-22		5237			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6828 DF	Gallup		5212		5200			
Perforations					Depth Casing Shoe			
5212-22					PB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
SEE ORIGINAL REPORT			OCT. 10 1966					
			OIL CON. COM.					
			DIST. 3					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lost 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.)	
7-15-66	7-25-66	Gas Lift	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hour	125 lbs.	Packer Set	3/4
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
15 BO	15	None	157 MCF

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.

Noel Reynolds  
(Signature)  
Operator  
(Title)  
10-7-66  
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 10 1966, 19  
BY Original Signed by Emery C. Arnold  
SUPERVISOR DIST. #3  
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.