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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

1. Operator J. M. Sullivan	
Address 101-2 Petroleum Plaza Building, Farmington, New Mexico 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 Davis	Well No. 3	Pool Name, Including Formation Blanco esaverde	Kind of Lease State, Federal or Fee	Lease No. 186
Location Unit Letter _____; 1165 Feet From The North Line and 990 Feet From The West				
Line of Section 10 Township 26 N. Range 2 E., 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1153, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 3539 E. 30th St., Farmington, N.M. 87401					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Twp. 26N	Rge. 2E	Is gas actually connected? No	When 11-10-1980 1st.

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-26-79	Date Compl. Ready to Prod. 8-7-79	Total Depth 6055'		P.B.T.D. 6030'					
Elevations (DF, RKB, RT, GR, etc.) 7203'	Name of Producing Formation esaverde	Top Oil/Gas Pay 5533'		Tubing Depth 5871.43'					
Perforations				Depth Casing Shoe 6054.67'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4"	2 1/2"	205'		100 sacks					
7 7/8"	4 1/2"	6054.67'		210 sacks					
4 1/2" casing	2 3/8"	5871.43'		none					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) / Day S.I. 1549	Casing Pressure (shut-in) / Day S.I. 1549	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.

W. M. Sullivan  
(Signature)  
Operator  
(Title)  
November 5, 1980  
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	DEF 1, 19
BY	Original Signed by _____
TITLE	SUBMITTER

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of o well name or number, or transporter, or other such change of cond  
Separate Forms C-104 must be filed for each pool in m