5-CCC, Aztec, N.M.

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR [illegible]
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator: Bolin Oil Company

Address: P. O. Box 400, Aztec, New Mexico 87410

Reason(s) for filing (Check proper box) — Other (Please explain)

New Well: X
Recompletion:
Change in Ownership:
Change in Transporter of: Oil: Dry Gas: Casinghead Gas: Condensate:

Number change from 16-A

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Candado	16 (16-A)	Ex. Blanco Pictured Cliffs	State, Federal or Fee Fed.	SF079107

Location: Unit Letter I, 1800 Feet From The S Line and 790 Feet From The E Line of Section 25, Township 26N, Range 7W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: — Address (Give address to which approved copy of this form is to be sent):

Name of Authorized Transporter of Casinghead Gas or Dry Gas: XX — Address (Give address to which approved copy of this form is to be sent): P. O. Box 990, Farmington, New Mexico 87401

El Paso Natural Gas Company

If well produces oil or liquids, give location of tanks: Unit — Sec. — Twp. — Rge. — Is gas actually connected? — When: no

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 Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/25/76	11/23/76	5175'	2675' packer

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6489 GR.	Pictured Cliffs	2606'	2617'

Perforations	Depth Casing Shoe
2606' - 2628'	5175'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" csg.	175'	110 sxs./surface
7 7/8"	5 1/2" csg.	5175'	740 sxs./surface
	1" tbg.	2617'	

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)

OIL WELL

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
472 AOF	3 hrs.		

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	790 #	792 #	3/4"

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.

(Signature)
agent, Bolin Oil Co.
(Title)
1/6/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 ____

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.