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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

B.R.

Corrected

Operator COLEMAN OIL & GAS, INC.	
Address 101-2 Petroleum Plaza Bldg., 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 checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Tenneco Oil Co.

I. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Smith	Well No. 1	Pool Name, including Formation Undesignated Greenhorn	Kind of Lease Navajo Allot. State, Federal or Fee	Lease No. N00C-14-20-3629
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>26 North</u> Range <u>12 West</u> , NMPM, <u>San Juan</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 24	Twp. 26N	Rge. 12 W	Is gas actually connected? No	When As soon as possible.

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-12-81	Date Compl. Ready to Prod. 5-10-81		Total Depth 5877'		P.B.T.D. 5849'			
Elevations (DF, RKB, RT, GR, etc.) 6031' GR	Name of Producing Formation Greenhorn		Top Oil/Gas Pay 5612'		Tubing Depth 5650'			
Perforations 5612' - 5652' - 12 holes					Depth Casing Shoe 5872.37'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8"		241'		135 sx 3% Cacl.			
7 7/8"	4 1/2"		5872.37'		300 sx 1st stage, 450 sx second stage			
4"	2 3/8" EUE		5650'		None			

III. 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 5-10-81	Date of Test 5-12-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 10#	Casing Pressure 30#	Choke Size None
Actual Prod. During Test N/A	Oil - Bbls. 10 bbls.	Water - Bbls. TSTM	Gravity of Condensate 30 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)	Casing Pressure (shut-in)	Choke Size

IV. 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.

COLEMAN OIL & GAS, INC.

By: W. M. Callaway

(Signature)

W. M. Callaway, Engineer

(Title)

5-12-1981

(Date)

OIL CONSERVATION COMMISSION

MAY 13 1981

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

Original Signed by FRANK T. CHAVEZ

BY \_\_\_\_\_

TITLE SUPERVISOR DISTRICT # 3

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