4-NMO	CC 1-I	uncar	1]	-Fi	16
40. OF C	4				
DIS	ISTRIBUTION				
SANTA	1				
FILE	1	1			
U.S.G.S.					
LAND O		<u> </u>			
TRANSF	PORTER	OIL	1	<u>L_</u>	
177,77		GAS			
OPERA	1				

5-22-75

(Date)

	4-NMOCC 1-Duncan 1-Fi	le				\mathcal{N}		
ſ	NO. OF COPIES RECEIVED					X /		
ŀ	DISTRIBUTION		NEW MEXICO OIL CO	NICEDI/ATION COM	ICCION	5		
-	SANTA FE /			ONSERVATION COMMISSION FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110		
ŀ	FILE		KEQUEST I	AND		Effective 1-1-65		
1	U.S.G.S.	AUTHO	RIZATION TO TRAI		LATUDAL CAS			
ŀ	LAND OFFICE	AUTHU	RIZATION TO TRAI	NOPORT OIL AND I	MATURAL GAS			
ŀ	OIL /					•		
	TRANSPORTER							
- }	GAS							
	OPERATOR /							
1.	PRORATION OFFICE							
l	Operator							
ļ	Walter Duncan			 				
	Address							
- 1	Box 234, Farming	ton, NM	87401	Other (Please				
	Reason(s) for filing (Check proper box)			Other (Please	e explain)			
	New Well	•	Transporter of:	r				
1	Recompletion	Oil	Dry Gas	7				
	Change in Ownership	Casinghed	ad Gas Conden	sate				
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND I	EASE						
	Lease Name	Well No.	Pool Name, Including Fo	ormation	Kind of Lease	Lease No.		
	North Hogback 6	6	Slickrock I	Dakota	State, Federal or F	1110101 1110		
	Location					0603-10008		
	Unit Letter L ; 190	O Feet Fro	m The South Line	e and 620	Feet From The _	West		
	Unit Letter;;	1 661 7 10						
	Line of Section 6 Tow	nship 29	N Range	16W , NMPN	1,	San Juan County		
TT	DESIGNATION OF TRANSPORT	ER OF OIL	AND NATURAL GA	s				
	Name of Authorized Transporter of Oil		ondensate	Address (Give address	to which approved c	opy of this form is to be sent)		
	Inland Corporation			Box 1528, Far	mington, NM	87401		
	Name of Authorized Transporter of Cas.	inghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
		_	_					
		Unit Sec	. Twp. P.ge.	Is gas actually connec	ed? When	100		
	If well produces oil or liquids, give location of tanks.	1	1 1		1			
				<u> </u>		12.1 COM		
	If this production is commingled wit	h that from an	y other lease or pool,	give comminging orde	r number:	1 3 6		
V.	COMPLETION DATA		Oil Well Gas Well	New Well Workover	Deepen Pl	ug Back Rech Diff. Yes'v.		
	Designate Type of Completio		X	X	1 1	1 4 000		
	<u> </u>		Ready to Prod.	Total Depth	P.	B.T.D.		
	Date Spudded			684'	-			
	4-5-75	4-1		Top Oil/Gas Pay	T	ibing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	5000' GR Dakota		671'		678'		
				0/1		Depth Casing Shoe		
Perforations					672'			
	Open hole 672-684		THE CAPING AND	CEVENTING DECO	BD	5/2		
		TUBING, CASING, AND				SACKS CEMENT		
	HOLE SIZE CASING & TUBING SIZE			DEPTHS)=1	5 sx		
	9"		7"	201				
	6-1/4"		1/2"	6721		75 sx		
		2-:	3/8"	6781				
		<u></u>		<u> </u>				
v.	TEST DATA AND REQUEST FO	OR ALLOWA	BLE (Test must be a	fter recovery of total vol	ume of load oil and	must be equal to or exceed top allow-		
. •	OIL WELL		able for this de	Producing Method (Fla		:c.)		
	Date First New Oil Run To Tanks	New Oil Run To Tanks Date of Test		Linguish Watting (Lin		-		
	4-18-75	1	19-75	Casing Pressure	Flowing	noke Size		
	Length of Test	Tubing Press	w#	Amend Liganma	-			
	24 hrs			Water-Bble.		ze - MCF		
	Actual Prod. During Test	Oil-Bbls.		1	-			
	7 bbls		7	_0_		TSTM		
	GAS WELL	T		Bbls. Condensate/MM	- I -	ravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Te	et	Bois. Condensate/MM	Jr G	avity of containing		
				0-10-0-0-10-0-0-10-0-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-0-10-0-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-10-0-0-10-	+-(n)	hoke Size		
	Testing Method (pitot, back pr.)	Tubing Press	we (Shut-in)	Casing Pressure (Shu	,			
		<u> </u>						
VI	CERTIFICATE OF COMPLIAN		OIL	CONSERVATION	ON COMMISSION			
¥ 1.	MICHIELOPEE OF COME MINISTER			11	MAY 2 % 1975			
I hereby certify that the rules and regulations of the Oil Conservation				11	APPROVED			
				nontrinol Cianal Said D				
	above is true and complete to the	best of my	knowledge and belief.	BYOriginal Signed by A. R. Rendrick 3 -PETROLEUM ENGINEER DIST. NO. 3				
In & Jacobs				TITLE				
								1)
				This form is	to be filed in com	pliance with Rule 1104.		
					/ 1/ / / / /	oho		If this is a re
	/ 1/ / / / /	olio ature)		If this is a rewell, this form mutesta taken on the	quest for allowable st be accompanied well in accordan	e for a newly drilled or despened d by a tabulation of the deviation are with RULE 111.		
	/ 1/ / / / /	ature)		If this is a rewell, this form mutesta taken on the	quest for sllowablest be accompanied well in accordant this form must be	e for a newly drilled or deepened i by a tabulation of the deviation are with RULE 111. The filled out completely for allow-		

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.