

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

H NMUCD, Aztec
I Duncan
I Giant
I Title

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
U.S. M.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

Operator
Raymond T. Duncan
Address
P O Box 208, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☐
Change in Transporter of:
Oil ☒
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐
Other (Please explain)
Effective January 21, 1982
If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name
North Hogback 1
Location
Unit Letter F
Line of Section 1
Well No. 22
Township 29 N
Pool Name, Including Formation
Slickrock - Dakota
Range 17 W
Kind of Lease
State, Federal or Fee
Navajo Tribal
14-20-0603-9591
Page No.

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Giant Refining, Inc.
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
If well produces oil or liquids, give location of tanks.
Unit G
Sec. 1
Twp. 29N
Rge. 17W
Address (Give address to which approved copy of this form is to be sent)
Box 256, Farmington, NM 87401
Address (Give address to which approved copy of this form is to be sent)
Is gas actually connected?
When

3. COMPLETION DATA

Designate Type of Completion -- (X)
Date Spudded
Elevations (D, RT, GR, etc.)
Perforations
Oil Well
Gas Well
New Well
Workover
Deepen
Plug Back
Same Res'v.
Diff. Res'v.
Date Compl. Ready to Prod.
Name of Producing Formation
Total Depth
Top Oil/Gas Pay
Tubing Depth
Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

4. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks
Length of Test
Actual Prod. During Test
Date of Test
Tubing Pressure
Oil-Bbls.
Producing Method (Flow, pump, gas lift, etc.)
Casing Pressure
Water-Bbls.
Choke Size
Gas-MCF
CON. COM.
DIST. 3
TESTED
JAN 25 1982

5. GAS WELL

Actual Prod. Test-MCF/D
Testing Method (pilot, back pr.)
Length of Test
Tubing Pressure (shut-in)
Bbls. Condensate/MMCF
Casing Pressure (shut-in)
Gravity of Condensate
Choke Size

6. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Bud Crane
Agent
1-21-82
OIL CONSERVATION DIVISION
JAN 25 1982
APPROVED
BY Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR DIST #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 filled for each pool in multiply completed wells.