

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator
Caribou Four Corners, Inc.

Address
Box 627, Kirtland, New Mexico 87417

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kirtland	Well No. 8	Pool Name, Including Formation ChaCha Gallup	Kind of Lease State, Federal or Fee	Lease
Location Unit Letter 0 ; 510 Feet From The South Line and 1920 Feet From The East Line of Section 11 Township 29 N Range 15 W , NMPM, San Juan Cou.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) 5101 East Main, Farmington, NM
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 11 29N 15W
Is gas actually connected?	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. R.
Date Spudded 5-11-81	Date Compl. Ready to Prod. 7-8-81	Total Depth 4,700	P.B.T.D. 4,659 KB					
Elevations (DF, RKB, RT, GR, etc.) 5126 F.L.	Name of Producing Formation Gallup	Top Oil/Gas Pay 4,324	Testing Depth 4,659 KB					
Perforations 4284-4495	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2	8 5/8 "	345 G.L.	250 sx.					
7 7/8	4 1/2 "	4701.42 K.B.	925 sx.					
	2 3/8 "	4519.18 K.B.						

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-2-81	Date of Test 7-2-81	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 4 hr.	Tubing Pressure 225 PSI	Casing Pressure 400 PSI	Choke Size 32/64
Actual Prod. During Test 30	Oil-Bbls. 30	Water-Bbls. -0-	Gas-MCF 74

GAS WELL

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

VI. 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.

OIL CONSERVATION DIVISION
NOV 16 1981
Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TITLE

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

Ernie Busch

(Signature)

Area Manager

(Title)

November 12, 1981

(Date)