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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

I. Operator Thomas A. Dumas

Address Box 230, Farmington, New Mexico

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

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>St. Louis</u>	Well No. <u>1</u> Pool Name, including Formation <u>Undersaturated Oil</u>	Kind of Lease <u>Ind.</u>	Lease No.
Location			
Unit Letter <u>B</u>	<u>735</u> Feet From The <u>North</u> Line and <u>1360</u> Feet From The <u>East</u>		
Line of Section <u>14</u>	Township <u>30N</u>	Range <u>18W</u>	NMPM, <u>San Juan</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Rock Island Oil & Ref.</u>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>321 S. Second, Wichita, Kan.</u>
Name of Authorized Transporter of Casinghead Gas <u>None</u>	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. <u>B 1/4 Sec 14 Twp. 30N Rge. 18W</u>	Unit <u>B</u> Sec. <u>14</u> Twp. <u>30N</u> Rge. <u>18W</u>	Is gas actually connected? <u>No</u> 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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>Re entry</u>	Date Compl. Ready to Prod. <u>7-15-67</u>	Total Depth <u>1500</u>	P.B.T.D. <u>1065</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4760 ft.</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>1056</u>	Tubing Depth <u>1020</u>					
Perforations <u>1006 to 1012</u>	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	<u>8 1/2"</u>	<u>2115</u>	<u>1</u>					
	<u>2 7/8"</u>	<u>1035</u>						

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>7-1-67</u>	Date of Test <u>7-2-67</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>20 hrs</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size <u>—</u>
Actual Prod. During Test	Oil-Bbls. <u>2.1</u>	Water-Bbls. <u>20</u>	Gas-MCF <u>None</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

2.1 Dumas
(Signature)

07-18-67
(Date)

OIL CONSERVATION COMMISSION

APPROVED Jul 18 1967, 19

BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #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 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.

Section Form C-104 must be filed for each pool in multiple