BO, OF COPILS RECEIVED			5		
SANTAFE					
FILE .		1	~		
U.S.G.S.		1			
LAND OFFICE					
TRANSPORTER	OIL GAS	j.			
OPERATOR		2			
PRORATION OF	FICE				
Operator			1		

NEW MEXICO OIL CONSERVATION COMMISSION

15rm C-104

	FILE U.S.G.S. LAND OFFICE		FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Supersedes Old C-104 and C-114 Effective 1-1-65		
I.	OPERATOR PRORATION OFFICE					
	BENSON-MONTIN-GREER DRILLING CORP.					
	221 Petroleum Center Building, Farmington, New Mexico 87401					
	Reason(s) for filing <i>(Check proper box)</i> New Well	Change in Transporter of:	Other (Please explain)			
	Recompletion Change in Ownership	Oil X Dry Ga: Casinghead Gas Conden				
	If change of ownership give name and address of previous owner	Merrion & Bayless,	Box 507, Farmingto	on, NM 87401		
I.	DESCRIPTION OF WELL AND I		ne, Including Formation	Kind of Lease Indian		
·-	UTE MOUNTAIN TRIB	AL 1891 1	Verde Gallup	State, Federal or Fee 14-20-604-1891		
	Unit Letter D ; 960	Feet From The <u>north</u> Lin	e and <u>660</u> Feet Fron	n The West		
	Line of Section 28 , Tow	mship 31N Range	14W , NMPM, S	San Juan County		
I.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Benson-Montin-Greer Name of Authorized Transporter of Cas	Drilling Corp.	Address Give address to which app 221 Petroleum Cent Farmington NM 874	roved cony of this form is to be sent) SEP Building 101 roved copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. E 28 31N 14W	Is gas actually connected? NO	Vhen		
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,				
	Designate Type of Completio	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Fool Perforations	Name of Producing Formation	Top Oil/Gas Pay	Tubing Douth Douth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			3	COM.		
				Gastri		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable well. WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Fressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
	GAS WELL Actual Fred. Test-MCF/D	Length of Test	Hbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure	Caning Pressure	Choke Size		
Ί.	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APPROVED, 19			
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.		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.				
					Vice-President (Fide) June 5, 1975 (Date)	
Fill out Sections I, II, III, and VI only 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.