

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OIL	1
GAS	
OPERATOR	2
PRORATION OFFICE	

Operator Benson-Montn-Greer Drilling Corp.

Address 221 Petroleum Center Building, Farmington, New Mexico 87401

Reason(s) for filing (check proper box) ☒ Change in Transporter of: ☒ Oil ☐ Gas ☐ Condensate ☐ Other (Please explain)

☐ Change in Ownership ☐ Recompletion ☐ New Well

Change of authorized transporter

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Standard of Texas

Well No. 566

Pool Name, including Formation south Line and 1604 Feet From The west

Kind of Lease State, Federal or Fee Federal NM-0271

Lease No.

Location Unit Letter M

Line of Section 5 Township 31N Range 13W

County San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 221 Petroleum Center Bldg, Farmington

Name of Authorized Transporter of Gas ☐ or Dry Gas ☐

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 K Sec. 29 Twp. 31N Rge. 13W

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Resrv. ☐ Diff. Resrv.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, CR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Choke Size

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.

(Signature) *W. J. Greer*

(Title) Vice-President

(Date) January 17, 1979

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 Form C-104 must be filed for each pool in multiply completed wells.

TITLE

BY

APPROVED

OIL CONSERVATION COMMISSION

JAN 19 1979

Original Filed in File # 19