

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

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 PALMER OIL & GAS COMPANY	
Address P. O. Box 2564, Billings, Montana 59103	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Change of ownership	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL 1	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM 10183
Location				
Unit Letter I ; 820 Feet From The East Line and 1525 Feet From The South				
Line of Section 1 Township 31N Range 13W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Caribou Four Corners	Address (Give address to which approved copy of this form is to be sent) P. O. Box 457, Afton, Wyoming 83110					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 1	Twp. 31N	Rge. 13W	Is gas actually connected? NO	When

If this production is commingled with that from any other lease or pool, give commingling order number: Not commingled

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 9/22/76	Date Compl. Ready to Prod.		Total Depth 6909'		P.B.T.D. 6857'				
Elevations (DF, RKB, RT, GR, etc.) 5785 GR	Name of Producing Formation Dakota & Mesa Verde		Top Oil/Gas Pay 4465		Tubing Depth 6610 & 4406				
Perforations Dakota: 6642' - 6786' Mesa Verde: 4465' - 4705'				Depth Casing Shoe 6895' KB					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15"	10-3/4"		315		300 SX				
9-3/4"	7-5/8"		3939		865 SX				
6-3/4"	5-1/2"		6895		350 SX				

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 -----

GAS WELL

Actual Prod. Test-MCF/D Dak. 1077	Length of Test 3 hour	Bbls. Condensate/MCF Not measured	Gravity of Condensate Not measured
M.V. 2768	3 hour	Not measured	Not measured
Testing Method (pitot, back pr.) Dak.-Back pressure	Tubing Pressure (Shut-in) 1474	Casing Pressure (Shut-in) Packer 1016	Choke Size 3/4"
M.V.-Back pressure	1014		3/4"

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.

Robert Ballantyne
(Signature)
Drilling Superintendent
(Title)
November 23, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
TITLE PRODUCTION 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 filed for each pool in multiple