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## NEW MEMBER OF CO. SERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

SANTA FE REQUEST FOR ALLOWABLE FILE AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator PALMER OIL & GAS COMPANY P. O. Box 2564, Billings, Montana 59103 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner H. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Mesa Kind of Lease USA Pase No. State, Federal or Fee Federal `10183 Blanco Verde FEDERAL 10 Location 1525 820 Feet From The East Unit Letter\_\_\_ Line and Feet From The Range 13W Township 31N San Juan 1 , NMPM, Line of Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | X | or Condensate | X | Address (Give address to which approved copy of this form is to be sent) Caribou Four Corners P. O. Box 457, Afton, Wyoming 83110 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas X P. O. Box 990, Farmington, New Mexico 87401 El Paso Natural Gas Company Sec. Twp. Rge. Is gas actually connected? When If well produces oil or liquids, NO give location of tanks. 1 31N : 13W If this production is commingled with that from any other lease or pool, give commingling order number: \_\_Not commingled IV. COMPLETION DATA Oil Well Workover Deepen Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Date Spudded P.B.T.D 68571 69091 9/22/76 Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Tubing Depth Name of Producing Formation 6610 € 4406 4465 5785 GR Dakota & Mesa Verde **-** 6786 6642 Depth Casing Shoe Perforations Dakota: 6895 KB 4465' - 4705' Mesa Verde: TUDING, CASING, AND CEMENTING RECORD casing a tubing size 10-3/411 DEPTH SET SACKS CEMENT HOLE SIZE 1511 300 sx 315 7-5/8" 3939 865 SX 9-3/41 350 sx 6-3/4" 6895 5**-** 1/2" (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) v. Test data and request for allowable OIL WELL Date of Tost Producing Method (Flow, pump, gas lift, etc Date First New Oil Run To Tanks Casing Pressure <u>(0)</u> Length of Test Tubing Prossure Water - Bbls. Oil-Bbls. Actual Prod. During Test GAS WELL Actual Prog 7901-MCF/D Length of Test Bbls. 90000011186946Fed Gravity of Come as gifted 3 hour Not measured Not measured 2768 <u>hour</u> M.V. Choke Size 3/4" Casing Pressure (Shut-in) Testing Method (picot, back pr.)
Dak.-Back pressure Tubing Pressurg (Shut-in ) <u>3/4''</u> 1016 <u> 1014</u> M.V. Back pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Gil Conservation ByOriginal Signed by A. R. For look Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. 80.7 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. Robert Ballantine (SiznaRobert Ballantyne

Drilling Superintendent (Title) November 23, 1976

(Date)

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. Senerate Forms C-104 must be filed for each cool in multiply