

NO. OF		5
DIST.		
SANTA FE		1
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
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

3084N
3007N

Operator		CARIBOU FOUR CORNERS, INC.	
Address		Transwestern Life Building, Room 219 404 N. 31st Street - Billings, Montana 59101	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input 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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Ute Mtn. Ute	2	Verde Gallup	Federal State, Federal or Fee Indian
Location			
Unit Letter <u>P</u> ; <u>890</u> Feet From The <u>South</u> Line and <u>600</u> Feet From The <u>East</u>			
Line of Section <u>21</u> , Township <u>31 North</u> Range <u>15 West</u> , NMPM, <u>San Juan</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Inland Corp.	P.O. Box 1528 Farmington, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	21	31N	15W		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spud	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
8-23-79	9-27-79	2333		2323				
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Verde Gallup	Gallup Sd.	2120		2227				
Perforations 2120, 21, 25, 28, 31, 32, 33, 38, 39, 40, 45, 51, 54, 55, 58, 60, 76, 81, 86, 2201, 15, 18, and 31.				Depth Casing Shoe				
				2323				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	32'	20 sx.
8 3/4"	7"	996'	275 sx.
4 1/2"	4 1/2"	2323	80 sx.
2 3/8" Prod. tub. @		2227'	

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.)	
11-2-79	11-7-79	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	Zero	Zero	None
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
10 bbls.	10 bbls.	Zero	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

Ashton B. Geren, Jr.
Ashton B. Geren, Jr.
(Signature)

Petro. Consultant for Caribou Four Cor.
(Title)

12-2-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 19 1979, 19 ____
BY Original Signed by: J. J. HAYZ
DEPUTY COMMISSIONER
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 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.