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DIST. 3

STATE OF NEW MEXICO  
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>BASF CORPORATION</b>	
Address <b>P. O. Box 23 Towaoc, Colorado 81334</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>UTE MOUNTAIN UTE</b>	Well No. <b>43</b>	Pool Name, including Formation <b>BASIN DAKOTA</b>	Kind of Lease <b>UTE</b>	Lease No. <b>751-88-</b>
Location			<b>TRIBAL</b>	
<b>0001</b>				
Unit Letter <b>I</b> : <b>810</b> Feet From The <b>EAST</b> Line and <b>1550</b> Feet From The <b>SOUTH</b>				
Line of Section <b>28</b> Township <b>31N</b> Range <b>14W</b> , NMPM, <b>SAN JUAN</b> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

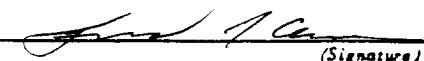
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>GIANT REFINING COMPANY</b>	<b>P. O. Box 256 Farmington New Mexico 87449</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>BASF CORPORATION</b>	<b>P. O. Box 23 Towaoc, Colorado 81334</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>I</b> Sec. <b>28</b> Twp. <b>31N</b> Rge. <b>14W</b>	<b>NO</b>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
(Signature)  
**AREA SUPERINTENDENT**  
(Title)  
**February 7, 1990**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 27 1990**, 19  
BY **Original Signed by FRANK I. CHAVEZ**  
**SUPERVISOR DISTRICT 3**  
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 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 multiply completed wells.

#### IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
				X					
Date Spudded		Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
September 24, 1989		December 18, 1989		5297			5078		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
5568 KB; 5556 GL		Dakota		4997			5041		
Perforations							Depth Casing Shoe		
4997-5057 10 Holes Total							5297		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	85/8"OD 24# J-55	274	175 SXS Class B
7 7/8	51/2"OD 15.5# J-55	5297	1420 SXS in 2 stages
	23/8"OD 4.7# J-55	5041	

#### 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 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 306 MCF/D	Length of Test 5 hrs.	Bbls. Condensate/MMCF 49 Total	Gravity of Condensate 53° API
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 469 psi (DWT)	Casing Pressure (Shut-in) 1417 psi (DWT)	Choke Size 24/64

2011 1 8 AM

Oil & Gas Division

Production Section