

OIL CONSERVATION DIVISION

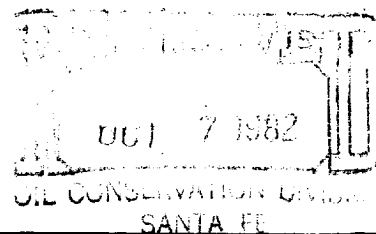
P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



Operator
Carson H. Creecy, Sr. + *Olivia L Creecy (Mrs. Carson H. Creecy)*

Address
Miami, New Mexico 87729

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner
Brooks Exploration Incorporated, 718 Seventeenth Street, Suite 2110
Denver, Colorado 80202

DESCRIPTION OF WELL AND LEASE

Lease Name E. R. Julian	Well No. #1	Pool Name, including Formation Wagon Mound, Dakota Formation	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter : 1980 Feet From The North Line and 1980 Feet From The East Line of Section 15 Township 21 North Range 21 East, NMPM, Mora County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
All gas used on leased premises	
Name of Authorized Transporter of Casinghead 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. N/A	Unit Sec. Twp. Rge. Is gas actually connected? When Only to ranch house on premises

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'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, 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

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 451 MCF/D (9-4-73)	Length of Test 2 hours	Bbls. Condensate/MMCF 0 Bbls	Gravity of Condensate N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) No Tubing	Casing Pressure (Shut-in) 1.7 PSI	Choke Size 1-1/2"

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 above is true and complete to the best of my knowledge and belief.

Olivia L Creecy (Mrs. Carson H. Creecy)
Carson H Creecy
CARSON H. CREECY, SR. (Signature)
Owner
(Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED *October 7*, 19 *82*
BY *Carl W. Hoag*
TITLE *DISTRICT SUPERVISOR*

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.