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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

Operator Woosley Oil Company	
Address Post Office Drawer 1480, Cortez, Colorado 81321	
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) Notification of transporter	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Ptasynski A	Well No. 2	Pool Name, including Formation Blue Mesa MV Wildcat - Menefee	Kind of Lease State, Federal or Fee Federal	Lease No. NM-33907
Location Unit Letter J ; 1650 Feet From The South Line and 1650 Feet From The East Line of Section 11 Township 19N Range 5W , NMPM, McKinley County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, New Mexico 87499
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 J Sec. 11 Twp. 19N Rge. 5W Is gas actually connected? When

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 8-30-84	Date Compl. Ready to Prod. 12-3-84	Total Depth 2229'	P.B.T.D. 2220'
Elevations (DF, RKB, RT, GR, etc.) 6650 GL	Name of Producing Formation Point Lookout	Top Oil/Gas Pay 2130'	Tubing Depth 2126' 2161'
Perforations 2134' - 2142' - 3/ft.			Depth Casing Shoe 2220'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9"	7 7/8" (20# J-55)	92'	10 sks. (11.7 cu. ft.)
4-1/2" 6/4	4 1/2" (8.5# J-55)	2226'	Class C w/2% CaCl
	2-3/8"	2161'	180 sks. (251.55 cu. ft.) Class C w/2% CaCl

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 12-3-84	Date of Test 12-14-84	Producing Method (Flow, pump, gas lift, etc.) Pump - D 25 Oil well unit	
Length of Test 24 hrs.	Tubing Pressure 15#	Casing Pressure 15#	Choke Size Open
Actual Prod. During Test 5 bbls.	Oil-Bbls. 5	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL

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

James P. Woosley
(Signature)
Operator
(Title)
12-19-84
(Date)

OIL CONSERVATION COMMISSION
4-8-85
APPROVED APR 08 1985

BY Original Signed by FRANK T. 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.