NEW MEXICO OIL CONSERVATION DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAY 21 1984
OIL CON. DIV.
DIST. 3

Operator: Lobo Production

Address: PO Box 2364 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain): Pool Change

Change of ownership give name and address of previous owner: [redacted]

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Gulf-Federal-24	1	Counselors Gallup-Dakota	Ex: Fed.	NM-1700

Unit Letter D : 920' Feet From The North Line and 795' Feet From The West

Section 24 Township 23N Range 6W , NMPM, County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐: Giant Industries
Address (Give address to which approved copy of this form is to be sent): PO Box 256, Farmington HWY, Bloomfield, N

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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	24	23N	6W	No	

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 Resv.	Diff. Resv.
	X		[redacted]				X	

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-30-83	4-22-83	5810' KB	5783'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6081' RKB	Gallup	5372'	5741' KB

Perforations	Depth Casing Shoe
5372' - 5776' Gallup	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24# K55	212.96	150 sks. (177 cuft.)
7 7/8"	4 1/2" 10.5 & 9.5# J55	5810'	1st 275 sks. (396.28 CF)
			2nd 600 sks. (1512 Cuf)
			50 sks. (59 cuft)

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-22-83	5-16-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	40 psig	40 psig	1/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
15.4	13.4	2	79.17

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R E Saunders
(Signature)

Operator
(Title)

5-16-84
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 21 1984, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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.