NO. OF COPIES RECEIVED			5	
DISTRIBUTION				
SANTA FE		1		
FILE		1	L	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	1		
OPERATOR .		1		
PRORATION OF				

	SANTA FE / FILE / U.S.G.S. LAND OFFICE TRANSPORTER OIL /	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AS	
1.	OPERATOR / PRORATION OFFICE Operator			· · · · · · · · · · · · · · · · · · ·	
	BENSON-MONTIN-GREER DRILLING CORP.				
	Address 221 Petrole	eum Center Building,	Farmington, New Mexico		
	Reason(s) for filing (Check proper box  New Well  Recompletion  Change in Ownership	Change in Transporter of:  Oil Dry Ga  Casinghead Gas Conder	Greer, Inc. to	rator from Bolack- Benson-Montin- ; Corp.	
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND Lease Name CANADA OJITOS UNIT Location	Well No. Pool Name, Including F		or FeeFederal 0245711	
	Unit Letter B ; 835	•	ne and 1495 Feet From T	he ea <b>s</b> t	
	Line of Section 18 Too	wnship 25N Range	1E , NMPM, Rio A	rriba County	
III.	Name of Authorized Transporter of Oil <b>Transwestern T</b> an	nkers Inc.	Box 2077, Farmingto	n, New Mexico	
	Name of Authorized Transporter of Car Brazos Gas Trans	smission Ltd.	Address (Give address to which approve Farmington, New M	exico	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 25N 1E	Is gas actually connected? When	n :	
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completion	on - (X)   Gas Well	New Well Workover Deer en	Plug Back   Same Res'v. Diff. Res'v.	
	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	
V.	TEST DATA AND REQUEST FOOLL WELL	DR ALLOWAPILE (Test must be af able for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	(etc.) ECENTE	
	Length of Test	Tubing Pressure	Casing Pressure	Chore Re UL	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	OIL CON. COM.	
			<u> </u>	OIL CON. 3	
	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	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED ()CT 3 1 1966 , 19			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by Emery C. Arnold		
			TITLE SUPERVISOR DIST #3		
	(Signature) Engineer (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 accompliance with relief.		
4					
_					

October 26, 1966

(Date)

able 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.