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SANTA FE		1	
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LAND OFFICE		1	†···
IRANSPORTER	OIL		!
	GAS		
OPERATOR		3	
PRORATION OFFICE			
Operator			
Bensoi	i-Moi	TI	N-(
Address			
221 P	tro]	Lew	m (
Reason(s) for filing	(Check	prope	r box
New Well	X		
files and leading			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TE	AND RANSPORT OIL AND NATURA	AL GAS		
LAND OFFICE			0/1		
I RANSPORTER OIL	_		<b>121</b>		
OPERATOR 3	-				
PRORATION OFFICE	-				
Operator	ממחת משעמה				
BERSON-MORTIN-	GREER DRILLING CORP.				
	Center Building, Fa	rmington, NM 87401			
Reason(s) for filing (Check proper bo		Other (Please explain)			
New Well	Change in Transporter of:		. /		
Recompletion Change in Gwnership	Oil Dry	densate Leave Mar	ne Change		
Mande III Ownstonie			<i></i>		
If change of ownership give name and address of previous owner					
	× 2.402				
DESCRIPTION OF WELL AND Lease Name	Well No. Pool :	Name, Including Formation	Kind of Lease NM 0436721		
CANADA OJITOS UNI	T NP 16 We	st Puerto Chiquito	State, Federal or Fee Federal		
Location					
Unit Letter;17	91 Feet From The <b>south</b> L	ine and <u>523</u> Feet F	From The West		
Line of Section 3 , To	ownship 24N Range	IW , NMPM, R	o Arriba County		
DESIGNATION OF TRANSPORM Name of Authorized Transporter of O	RTER OF OIL AND NATURAL (	Address (Give address to which o	approved copy of this form is to be sent)		
SHELL OIL COMPA		Box 1588, Farmington, NM 87401			
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which o	approved copy of this form is to be sent)		
	None	Is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  L 3 24N 1W	No No	1		
<u> </u>	with that from any other lease or poor		:		
f this production is commingled w COMPLETION DATA					
Designate Type of Complet	ion - (X)	New Well Workover Deepe	Plug Back   Same Restv. Diff. Rest		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
12-1-70	8-13-71	71481	•		
Fool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 7081'		
West Puerto Chiquit			Depth Casing Shoe		
7095-7091', 7089-	7079', 7078-7068',	2 shots per foot	67041		
	TUBING, CASING, A	ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
121"	10-3/4"	421 · 6704 ·	500 sacks 450 sacks		
9-7/8" 61" 5-1/2"-14mer	7-5/8" 5-1/2" liner	6365-7147'	130 sacks		
			- Company		
	FOR ALLOWABLE (Test must be	e after recovery of total volume of loa depth or be for full 24 hours)	nd of seam at the seal to or exceed top allo		
OIL WELL  Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, p	KELEVEDY		
8 <b>-13-71</b>	8-13-71	Kobe pump			
Length of Test	Tubing Pressure		<b>AUG 2</b> °5° 1971		
24	Ott-Bbla		11 A POKE - MOE #		
Actual Prod. During Test  89 bbls.*	011-Bbls. <b>7</b> 9	water-Bbis.	23.7		
	s load oil, 79 bbls.		No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
resumd memod (huor, outer his)		,			
CERTIFICATE OF COMPLIA	NCE	OIL CONSE	RVATION COMMISSION		
CONTRACTOR OF COMMENTS			AUG 2 5 1971		
I hereby certify that the rules an	d regulations of the Oil Conservation	on APPROVED	, 13		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		I t	BY Original Signed by Emery C. Arnold		
			ERVISOR DIST. #3		
1/ (-/)	1/07/		d in compliance with RULE 1104.		
Allenan 1.	(Anlo	TE this is a request for	allowable for a newly drilled or deepen		
of found of the	gnature)	molf this form must be acc	companied by a tabulation of the deviati accordance with RULE 111.		
· //		lesis taken on the well in			

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.