

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 08 1984
OIL CON. DIV.
DIST. 3

Operator
Oco Production Company
Address
1 Airport Drive, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas
Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain)
Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Carilla Contract 147	Well No. 9E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. JC 147
Location Unit Letter 0 : 910 Feet From The South Line and 1740 Feet From The East Line of Section 7 Township 25N Range 5W, NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Larry Energy Corp.	Address (Give address to which approved copy of this form is to be sent; P.O. Box 489, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Co. of New Mexico	Address (Give address to which approved copy of this form is to be sent; P.O. Box 1899, Bloomfield, NM 87413					
Well produces oil or liquids, location of tanks.	Unit 0	Sec. 7	Twp. 25N	Rge. 5W	Is gas actually connected? No	When

If production is commingled with that from any other lease or pool, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.

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

Original Signed By
D.D. Lawson (Signature)
District Administrative Supervisor
2-7-84 (Date)

OIL CONSERVATION DIVISION
6-29-84
APPROVED JUN 29 1984
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.

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 10-3-83	Date Compl. Ready to Prod. 11-4-83	Total Depth 7360'				P.B.T.D. 7230'			
Levations (DF, RKB, RT, GR, etc.), 6677' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 7121'				Tubing Depth 7180'			
Perforations 7121'-7143', 7164'-7176', 2jspf, .38", total 68 holes						Depth Casing Shoe 7360'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24# K-55	310'	350
7.875"	5 1/2" 15.5# K-55	7360'	1760
	2 3/8"	7180'	

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Method of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

S WELL

Total Prod. Test - MCF/D 66	Length of Test 3 HR	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1650 psig	Casing Pressure (Shut-in) ---	Choke Size .75"