

OIL CONSERVATION DIVISION  
P. O. BOX 2086  
SANTA FE, NEW MEXICO 87501

Form E-104  
Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

Operator  
Joseph B. Gould

Address  
2829 East 2nd Avenue, Suite 212, Denver, Colorado 80206

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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Phillips 32</u>	Well No. <u>340A</u>	Pool Name, including Formation <u>West Lindrith Gal/Dak</u>	Kind of Lease State, Federal or <u>Federal</u>	Lease No. <u>SF079549</u>
Location				
Unit Letter <u>E</u>	<u>630</u>	Feet From The <u>West</u> Line and <u>2310</u>	Feet From The <u>North</u>	
Line of Section <u>32</u>	Township <u>25N</u>	Range <u>3W</u>	NMPM, <u>Rio Arriba</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Giant Refining Company</u>	<u>Box 256, Farmington, N.M. 87499</u>
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 Sec. Twp. Rge. Is gas actually connected? When
	<u>E 32 25N 3W</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded <u>10-15-83</u>	Date Compl. Ready to Prod. <u>12-16-83</u>	Total Depth <u>7975</u>	P.B.T.D.					
Elevations (DA, RT, GR, etc.) <u>7170 GR (7182 KB)</u>	Name of Producing Formation <u>Dakota Gallup</u>	Top Oil/Gas Pay <u>6860</u>	Tubing Depth <u>7869</u>					
Perforations <u>Gallup 6860 to 7156 Dakota 7698 to 7950</u>			Depth Casing Shoe <u>7975</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12-1/4</u>	<u>8-5/8</u>	<u>269</u>	<u>250 (295 cf)</u>					
<u>7-7/8</u>	<u>4-1/2</u>	<u>7975</u>	<u>1450 sks (2799 cf)</u>					
	<u>2 3/8</u>	<u>7869</u>	<u>2 stages</u>					

V. 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 <u>12-17-83</u>	Date of Test <u>12-17-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Swabbing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>75</u>	Casing Pressure <u>450</u>	Choke Size <u>2" tubing</u>
Actual Prod. During Test <u>225</u>	Oil - Bbls. <u>75</u>	Water - Bbls. <u>150 (frac)</u>	Gas - MCF <u>30</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

[Signature]  
(Signature)  
Agent  
(Title)  
12-20-83  
(Date)

OIL CONSERVATION DIVISION

APPROVED

DEC 22 1983

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 allowables on new and recompleted wells.

Fill out sections I, II, III, and VI for changes of owner, well name or transporter or other such change of condition.

Separate Form C-104 must be filed for each pool in multiply completed wells.