

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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

REPORTER	OIL
REGISTRATION OFFICE	GAS

RECEIVED

JUL 30 1985

OIL CON. DIV.
DIST. 3

Transporter Morrison Oil & Gas Corporation	
Address P. O. Box 1017, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box) ☐ New Well ☐ Recompletion ☐ Change in Ownership	Other (Please explain) Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 308	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078874
Location Unit Letter <u>G</u> ; <u>2010</u> Feet From The <u>North</u> Line and <u>1720</u> Feet From The <u>East</u> <u>3515</u> Line of Section <u>5</u> Township <u>24N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

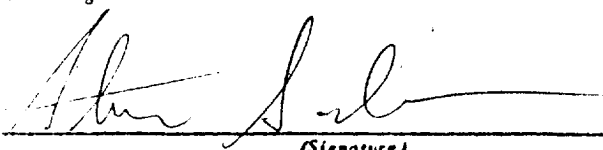
Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>5</u> Twp. <u>24N</u> Rge. <u>6W</u>	Is gas actually connected? <u>When</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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


(Signature)
Steve S. Dunn, Operations Manager
(Title)
7/29/85
(Date)

OIL CONSERVATION DIVISION
8-7-85
APPROVED
AUG 07 1985

BY _____ Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'ty.	Dill. Res'ty.
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Date Spudded	2/15/85	Date Compl. Ready to Prod.	3/19/85-7-27-85	Total Depth	5769' KB	P.B.T.D.	5724' KB
Elevations (D.F., RKB, RT, CR, etc.)	6483' KB, 6470' GL	Name of Producing Formation	Gallup	Top Oil/Gas Pay	5429' KB	Tubing Depth	5443' KB
Perforations	5648, 5646, 5644, 5635, 5644, 5535, 5520, 5518, 5516, 5514, 5496, 5493, 5476, 5466, 5462, 5450, 5440, 5428	Depth Casing Shoe	5768' KB				

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24 #/ft., J-55	214' KB	175 sx (206.5 cu. ft.)
7-7/8"	4-1/2", 10.5 #/ft., K-55	5768' KB	1025 sx (1839 cu. ft.)

V. 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 of Test	7/27/85	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24 hours	Casing Pressure	80
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls.	trace
		Gas - MCF	67

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure (Shut-In)	Choke Size
		Tubing Pressure (Shut-In)	

GAS WELL