

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104
Effective 1-1-65

Operator
Minel, Inc.

Address
309 Washington SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐

Other (Please explain)

Effective 4-1-87
Liquids: from Giant Refining Co.
Gas from El Paso Natural Gas Co.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	State, Federal or Fee
N-2	1	Ojito Gallup-Dakota		SF-080566-A
Location				
Unit Letter	'C'	1180 Feet From The	north Line and	1850 Feet From The west
Line of Section	1	Township	25N	Range 3W, NMPM, Rio Arriba

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Petro Source Corporation	8777 E. Via de Ventura, Suite 100, Scottsdale, AZ 85258
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Minel, Inc.	309 Washington, S.E., Albuquerque, NM 87108
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
C 1 25N 3W	Yes 3/26/86

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Dull
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of fluid in well equal to or exceed 100 bbls. or be for full 24 hours)

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

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Commission have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Jack Coyne
(Signature)

(Title)

4-20-87
(Date)

OIL CONSERVATION COMMISSION

APPROVED

APR 23 1987

BY

Frank J. [Signature]

TITLE

SUPERVISOR DISTRICT 5

This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or
well, this form must be accompanied by a tabulation of the
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of
Separate Forms C-104 must be filed for each pool in.