

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

NOV 18 1987

OIL CON. DIV. 1
DIST. 3

I. Operator
Benson-Montin-Greer Drilling Corp.

Address
221 Petroleum Center Building, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canada Ojitos Unit	Well No. 37	Pool Name, including Formation West Puerto Chiquito Mancos	Kind of Lease State, Federal or Fee Federal	Lease No. NM-28695
Location Unit Letter <u>G</u> ; <u>1700</u> Feet From The <u>north</u> Line and <u>2310</u> Feet From The <u>east</u> Line of Section <u>5</u> Township <u>24 North</u> Range <u>1 West</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"/> Ciniza Pipe Line, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1887, Bloomfield, New Mexico 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 614 Reilly Avenue, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 5	Twp. 24N	Rge. 1 W	Is gas actually connected? Yes	When 9/25/87

If this 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.

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.


Albert R. Greer (Signature)
President

(Title)
November 17, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 18 1987
BY Original Signed by FRANK I. 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.

IV. COMPLETION DATA

DESIGNATE TYPE OF COMPLETION - (X)										Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
										X								
Date Spudded			Date Compl. Ready to Prod.					Total Depth					P.B.T.D.					
11/24/86			10/15/87					7570'					7439'					
Elevations (DF, RKB, RT, GR, etc.)			Name of Producing Formation					Top Oil/Gas Pay					Tubing Depth					
7551 GR			Niobrara					7034'					7108'					
Perforations												Depth Casing Shoe						
Niobrara A 7039'-7077', Niobrara B 7097'-7157', Niobrara C 7229'-7297'												7478'						
TUBING, CASING, AND CEMENTING RECORD																		
HOLE SIZE			CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT					
12-1/4"			9-5/8" 23#					526'					300					
7-7/8"			5-1/2" 23#					7478'					1225					
			2-7/8" liner					7108'										

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 First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
10/15/87	10/16/87	Gas lift		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hours	320	600	34/64"	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
248 Bbls, 273 MCF	248	0	273	

GAS WELL

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