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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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AUG 04 1987
OIL CON. DIV.
DIST. 3

Operator	Benson-Montin-Greer Drilling Corp.		
Address	221 Petroleum Center Bldg., Farmington, NM 87401		
Reason(s) for filing (Check proper box)	Other (Please explain)		
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"/>	

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	Lease No.
Canada Ojitos	35	West Puerto Chiquito Mancos	State, Federal or Fee Fed.	SF 33009
Location				
Unit Letter D	1200	Feet From The North	Line and 300	Feet From The West
Line of Section 17	Township 25N	Range 1W	, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Ciniza Pipe Line, Inc.	P.O. Box 1887, Bloomfield, NM 87413					
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 D	Sec. 17	Twp. 25N	Rge. 1W	Is gas actually connected? Yes	When First Production

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12/16/86	Date Compl. Ready to Prod. 6/8/87		Total Depth 7850'		P.B.T.D. 7656'			
Elevations (DF, RKB, RT, GR, etc.) 7465' GR	Name of Producing Formation Niobrara		Top Oil/Gas Pay 7064'		Tubing Depth 7116'			
Perforations					Depth Casing Shoe 7802.94'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	532'	351 cu. ft.
7 7/8"	5 1/2"	7802.94'	Stage 1 - 248 cu. ft.
			2 - 957 cu. ft.
			3 - 1375 cu. ft.

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 6/8/87	Date of Test 7/17/87	Producing Method (Flow, pump, gas lift, etc.) Gas Lift	
Length of Test 24 hrs.	Tubing Pressure 185#	Casing Pressure 420	Choke Size 26/64"
Actual Prod. During Test 10 BO	Oil - Bbls. 10	Water - Bbls. 11 Frac Water	Gas - MCF 16

GAS WELL

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


(Signature)
Vice-President
(Title)
August 3, 1987
(Date)

OIL CONSERVATION COMMISSION
AUG 04 1987
APPROVED _____
BY _____
DEPUTY OIL & GAS INSPECTOR, DIST. #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