

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

Form C-104  
Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
SEP 03 1987  
OIL CON. DIV.  
DIST. 3

I. Operator  
Curtis J. Little Oil & Gas  
Address  
P. O. Box 1258, Farmington, NM 87499  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                        |
|--|---------------|---|--|------------------------|
| Lease Name<br>Hurt Federal   | Well No.<br>1 | Pool Name, Including Formation<br>Ojito Gallup-Dakota | Kind of Lease<br>State, Federal or Fee | Lease No.<br>SF-080539 |
| Location<br>Unit Letter <u>G</u> ; <u>2900</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u><br>Line of Section <u>1</u> Township <u>25N</u> Range <u>3W</u> , NMPM, Rio Arriba, NM 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"/><br>Giant Refining | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 9156, Phoenix, AZ 85068          |
| 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,<br>give location of tanks.  | Unit <u>G</u> Sec. <u>1</u> Twp. <u>25N</u> Rge. <u>3W</u><br>Is gas actually connected? <input type="checkbox"/> When |

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

V. 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<br>7/22/87                   | Date Compl. Ready to Prod.<br>8/26/87  | Total Depth<br>8350'   | P.B.T.D.<br>8306'   |
| Elevations (DT, RT, GR, etc.)<br>7320' GR | Name of Producing Formation<br>Gallup  | Top Oil/Gas Pay<br>6815'   | Tubing Depth<br>6766'   |
| Perforations<br>6815'-7636'               |  |  | Depth Casing Shoe<br>8348'  |
| TUBING, CASING, AND CEMENTING RECORD      |  |  |   |
| HOLE SIZE                                 | CASING & TUBING SIZE   | DEPTH SET  | SACKS CEMENT  |
| 12 1/4                                    | 9 5/8"   | 302' KB  | 160 SX  |
| 8 3/4 x 7 7/8"                            | 4 1/2"   | 8348' KB   | 1310 SX   |
|   | 2 3/8"   | 6766' KB   |   |

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)

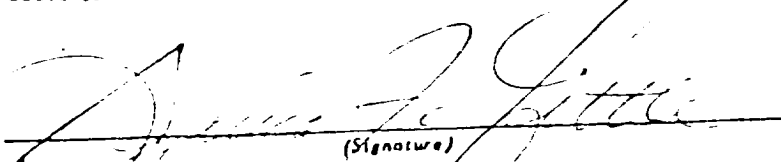
|  |                         |   |                  |
|--|-------------------------|---|------------------|
| Date First New Oil Run To Tanks<br>8/26/87 | Date of Test<br>8/29/87 | Producing Method (Flow, pump, gas lift, etc.)<br>Swabbing |                  |
| Length of Test<br>11 hrs.                  | Tubing Pressure<br>0    | Casing Pressure<br>870 psig                               | Choke Size<br>NA |
| Actual Prod. During Test<br>110 bbls.      | Oil-Bbls.<br>27.5 bbls. | Water-Bbls.<br>82.5 bbls (load water)                     | Gas-MCF<br>TSTM  |

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            |

I. 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)  
Operator  
(Title)  
9-2-97  
(Date)

OIL CONSERVATION DIVISION

SEP 10 1987

APPROVED

Original Signed by CHARLES GHOLSON

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 completed wells.

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
SEP 04 1987  
OIL CON. DIV.  
DIST. 3

|                   |     |
|-------------------|-----|
| COPIES DESTROYED  |     |
| DISTRIBUTION      |     |
| SANTA FE          |     |
| FILE              |     |
| U.S.U.S.          |     |
| LAND OFFICE       |     |
| TRANSPORTER       | OIL |
|                   | GAS |
| OPERATOR          |     |
| PRODUCTION OFFICE |     |

Operator  
**Curtis J. Little Oil & Gas**  
Address  
**P. O. Box 1258, Farmington, NM 87499**

Reason(s) for filing (Check proper box)

|                     |                                     |                           |                                     |
|---------------------|-------------------------------------|---------------------------|-------------------------------------|
| New Well            | <input checked="" type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input checked="" type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/>            | Casinghead Gas            | <input checked="" type="checkbox"/> |
|                     |                                     | Dry Gas                   | <input type="checkbox"/>            |
|                     |                                     | Condensate                | <input type="checkbox"/>            |

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|   |                      |  |  |                            |
|---|----------------------|--|--|----------------------------|
| Lease Name<br><b>Hurt Federal</b>   | Well No.<br><b>1</b> | Pool Name, Including Formation<br><b>Ojito Gallup-Dakota</b> | Kind of Lease<br>State, Federal or Fee<br><b>Fed. SF</b> | Lease No.<br><b>080539</b> |
| Location<br>Unit Letter <b>G</b> ; <b>2900</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b><br>Line of Section <b>1</b> Township <b>25N</b> Range <b>3W</b> , NMPM, <b>Rio Arriba, NM</b> 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"/><br><b>Giant Refining</b>                      | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 9156, Phoenix, AZ 85068</b> |                       |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>El Paso Natural Gas Company</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 1492, El Paso, TX 79978</b> |                       |
| If well produces oil or liquids, give location of tanks.   | Unit<br><b>G</b>   | Sec.<br><b>1</b>      |
|  | Twp.<br><b>25N</b>   | Rge.<br><b>3W</b>     |
|  | Is gas actually connected?   | When<br><b>9/2/87</b> |

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 Res'v. | Diff. Res'v. |
| Date Spudded<br><b>7/22/87</b>                                | Date Compl. Ready to Prod.<br><b>8/26/87</b> |                      | Total Depth<br><b>8350'</b>                  |                 | P.B.T.D.<br><b>8306'</b>          |                |             |              |
| Elevations (D <sub>1</sub> , RT, GR, etc.)<br><b>7320' GR</b> | Name of Producing Formation<br><b>Gallup</b> |                      | Top Oil/Gas Pay<br><b>6815'</b>              |                 | Tubing Depth<br><b>6766'</b>      |                |             |              |
| Perforations<br><b>6815'-7636'</b>                            |  |                      |  |                 | Depth Casing Shoe<br><b>8348'</b> |                |             |              |
| TUBING, CASING, AND CEMENTING RECORD                          |  |                      |  |                 |                                   |                |             |              |
| HOLE SIZE   |  | CASING & TUBING SIZE |  | DEPTH SET       |                                   | SACKS CEMENT   |             |              |
| <b>12 1/4"</b>  |  | <b>9 5/8"</b>        |  | <b>302' KB</b>  |                                   | <b>160 SX</b>  |             |              |
| <b>8 3/4" x 7 7/8"</b>  |  | <b>4 1/2"</b>        |  | <b>8348' KB</b> |                                   | <b>1310 SX</b> |             |              |
|   |  | <b>2 3/8"</b>        |  | <b>6766' KB</b> |                                   |                |             |              |

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)

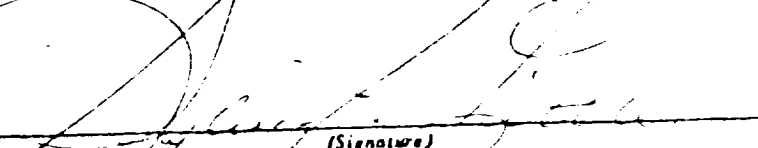
|   |                                  |  |                               |
|---|----------------------------------|--|-------------------------------|
| Date First New Oil Run To Tanks<br><b>8/26/87</b> | Date of Test<br><b>8/29/87</b>   | Producing Method (Flow, pump, gas lift, etc.)<br><b>Swabbing</b> |                               |
| Length of Test<br><b>11 hours</b>                 | Tubing Pressure<br><b>0</b>      | Casing Pressure<br><b>870 psig</b>                               | Choke Size<br><b>NA</b>       |
| Actual Prod. During Test<br><b>110 bbls.</b>      | Oil - Bbls.<br><b>27.5 bbls.</b> | Water - Bbls. (load)<br><b>82.5 bbls (water)</b>                 | Gas - MCF<br><b>19 (est.)</b> |

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            |

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)  
**Operator**  
(Title)  
**9/3/87**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED **SEP 04 1987**  
Original Signed by **CHARLES GHOLSON**  
BY  
TITLE **DEPUTY OIL & GAS INSPECTOR, DIST. #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.