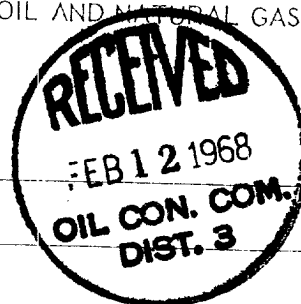


REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM O-103  
Supersedes Old O-101 and O-11  
Effective 1-1-55



B.T.

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

I. Operator  
Harry L. Bigbee  
Address  
P. O. Box 669 Santa Fe, N.M. 87501  
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)  
Plugged off Graneros Temp. w/Model N Packer to complete Greenhorn.  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nancy	Well No. 4	Pool Name, including Formation Undesignated Greenhorn	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>F</u> , <u>2310</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>12</u> , Township <u>24N</u> Range <u>8W</u> , NMPM, San Juan 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"/> Bco. Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 669 Santa Fe, N.M.					
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 J	Sec. 12	Twp. 24N	Rge. 8W	Is gas actually connected? NO	When

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod. 1-14-68	Total Depth 6950 to plug	GRANEROS P.B.T.D.					
Pool Undesignated Greenhorn	Name of Producing Formation Greenhorn	Top Oil/Gas Pay 6883	Tubing Depth 6930					
Perforations 6883-6927			Depth Casing Shoe 7257					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 7 7/8"	CASING & TUBING SIZE 4 1/2" J-55 10.50# 2 3/8" 4.70#		DEPTH SET 7257 6930		SACKS CEMENT 650			

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 1-14-68	Date of Test 1-16-68	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size OPEN
Actual Prod. During Test 1-16-68	Oil-Bbls. 42	Water-Bbls. 2 frac water	Gas-MCF 10

GAS WELL

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

VI. 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)  
Agent

OIL CONSERVATION COMMISSION  
APPROVED FEB 12 1968  
BY Original Signed by Emery C. Arnold  
TITLE SUPERVISOR 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.