

5-OCD, Aztec, N. M.

1-B STATE OF NEW MEXICO  
1-NCRA  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-1-78

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 37501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Bolin Oil Company	
Address P. O. Box 400, Aztec, New Mexico 87410	
Reason(s) for filing (Check proper box)	
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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Candado	Well No. 23-A	Pool Name, including Formation Blanco Mesaverde (dual)	Kind of Lease State, Federal or Fee Fed.	Lease No. SF079161
Location				
Unit Letter P	950	Feet From The S	Line and 910	Feet From The E
Line of Section 9	Township 26N	Range 7W	, NMPM, Rio Arriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4775 Indian School Rd., Albuquerque, N.M. 87110					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, N.M. 87401					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 9	Twp. 26N	Rge. 7W	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10/23/79	Date Compl. Ready to Prod. 8/ 8/80	Total Depth 4700' KB	P.B.T.D. 4634' KB					
Elevations (DF, RKB, RT, GR, etc.) 6094' GL	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4278' KB	Tubing Depth 4524' KB					
Perforations 4278' - 4552'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	328' KB	200 sxs. to surface.					
7 7/8"	5 1/2"	4693' KB	795 sxs. staged to surface.					
	1 1/2"	4524' KB						

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.)	
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 751 AOF	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 956#	Casing Pressure (Shut-in)	Choke Size 3/4"

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.

\*\*\* Notarized Deviation Survey on file OCD.

Mr. P. C. Crum Jr.  
(Signature)  
Agent, BOLIN OIL COMPANY  
(Title)  
5/12/80  
(Date)

OIL CONSERVATION DIVISION	
APPROVED _____, 19____	
BY _____ Witnessed by FRANK T. HAYES - SECRETARY -	
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.	
Generate Forms C-104 must be filed for each pool in multiply	