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|                        | GAS   |
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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-1  
Effective 1-1-65  
Distribution:  
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I. OPERATOR  
Socony Mobil Oil Company, Inc.  
Address  
10737 South Shoemaker Avenue, Santa Fe Springs, California  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Changing Location ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change well number from #34-23 to #10 as per NMOCC Memo No. 2-65 dated 6/2/65.  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |                |  |  |
|--|----------------|--|--|
| Lease Name<br>Boulder (23)   | Well No.<br>10 | Pool Name, Including Formation<br>Boulder Mancos | Kind of Lease<br>State, Federal or Fee Federal |
| Location<br>Unit Letter 0 ; 330 Feet From The South Line and 2310 Feet From The East<br>Line of Section 23 , Township 28N Range 1W , NMPM, Rio Arriba 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>Shell Pipeline Corp. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2648 , Houston, Texas |            |             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>None                    | 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<br>N  | Sec.<br>14 | Twp.<br>28N |
|  |  | Rge.<br>1W |             |
|  | Is gas actually connected?   |            | When        |
|  | No   |            |             |

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 |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |             |
| Pool                               | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |             |
| Perforations                       |                             |          |                 |          | Depth Casing Shoe |           |             |             |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be for 24 hours 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        | 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.

H. H. Carrick, Jr. (Signature)  
District Producing Superintendent  
(Title)

July 26, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 2 1965, 19  
BY Original Signed Emery C. Arnold  
TITLE Supervisor Dist. # 3

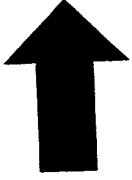
This form is to be filed in compliance with RULE 1104.

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multiple completed wells.



**LTR**



**Job separation sheet**

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|                        |   |
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| SANTA FE               |   |
| FILE                   |   |
| U.S.G.S.               |   |
| LAND OFFICE            |   |
| TRANSPORTER            | OIL <input checked="" type="checkbox"/><br>GAS <input type="checkbox"/> |
| OPERATOR               |   |
| PRORATION OFFICE       |   |

1-shell  
1-File

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

Change of operator  
from

|   |  |
|---|--|
| I. Operator   | Dr. Sam G. Dunn  |
| Address   | to 2-19-68<br>Sam G. Dunn Oil Operations<br>Box 3095<br>Boulder, Texas 79410 |
| Reason(s) for filing (Check proper box)                 |  |
| New Well <input type="checkbox"/>                       | Change in Transporter of:  |
| Recompletion <input type="checkbox"/>                   | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>                |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>  |

If change of ownership give name and address of previous owner Socony Mobil Oil Co., Inc., P.O. Box 3371, Durango, Colorado

II. DESCRIPTION OF WELL AND LEASE

|            |   |          |    |                                |                |                       |          |
|------------|---|----------|----|--------------------------------|----------------|-----------------------|----------|
| Lease Name | Jicarilla Lease No. <u>Contract #241</u>  | Well No. | 10 | Pool Name, including Formation | Boulder Mancos | Kind of Lease         | Federal  |
|            |   |          |    |                                |                | State, Federal or Fee | (Indian) |
| Location   | Unit Letter <u>O</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> |          |    |                                |                |                       |          |
|            | Line of Section <u>23</u> , Township <u>28N</u> Range <u>1W</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"/> | Address (Give address to which approved copy of this form is to be sent)                              |
| Shell Oil Company  | 705 Municipal Dr., Farmington, 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 <u>N</u> Sec. <u>14</u> Twp. <u>28N</u> Rge. <u>1W</u> Is gas actually connected? <u>No</u> 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 Resrv. | Diff. Resrv. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |              |
| Pool                                 | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |              |
| Perforations                         |                             |          |                 |          | Depth Casing Shoe |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |                   |           |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          | BACKS CEMENT      |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |

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 | 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        | 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.

ORIGINAL SIGNED BY  
LEWIS C. JAMESON

(Signature)

Agent  
(Title)

April 1, 1966  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 3 1966

BY Original Signed 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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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Separate Forms C-104 must be filed for each pool in multiply completed wells.