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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

I.
B. H. Keyes
Box 842 Aztec, New Mexico
Reason(s) for filing (Check proper box)
New Well
Change in Transporter of:
Oil
Dry Gas
Casinghead Gas
Condensate
Transporter checked X

If change of ownership give name and address of previous owner
Dresser Industries, Inc., Box 842, Aztec, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Kutz
Well No.: 1
Pool Name, including Formation: West Kutz IC
Kind of Lease: Federal
Location:
Unit letter: H
1830 Feet From The: N
Line and: 870
Feet From The: E
Section: 30
Township: 27N
Range: 10W
NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil
or Condensate
Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas
or Dry Gas X
Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.
Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.
Unit
Sec.
Twp.
Rge.
Is gas actually connected?
When
Yes
5-5-1957

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 Restv.
Diff. Restv.
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 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.

Owner
August 15, 1968

OIL CONSERVATION COMMISSION

AUG 16 1968

APPROVED
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.

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 multiply completed wells.