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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

Operator <b>Austral Oil Company Incorporated</b>	
Address <b>2700 Humble Building, Houston, Texas 77002</b>	
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"/>
Other (Please explain) <b>To replace forms previously filed.</b>	

If change of ownership give name and address of previous owner -----

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Bunny et al</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>(Dual) Blanco-Mesaverde</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location			
Unit Letter <b>P</b>	<b>1190</b>	Feet From The <b>East</b>	Line and <b>1040</b> Feet From The <b>South</b>
Line or Section <b>10</b>	Township <b>27-N</b>	Range <b>9-W</b>	NMPM, <b>San Juan</b> 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)		
<b>McWood Petroleum Marketeers</b>	<b>1205 Camino, Farmington, New Mexico</b>		
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)		
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 1492, El Paso, Texas</b>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	<b>P</b>	<b>10</b>	<b>27-N</b>
			<b>9-W</b>
Is gas actually connected?	When		
<b>Yes</b>	<b>6-14-65</b>		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		<b>XX</b>	<b>XX</b>					
Date Spud'd <b>12- 3 -64</b>	Date Compl. Ready to Prod. <b>12-28-64</b>	Total Depth <b>6767'</b>	P.B.T.D. <b>6732'</b>					
Pool <b>Blanco-Mesaverde</b>	Name of Producing Formation <b>Mesaverde</b>	Top Oil/Gas Pay <b>4378'</b>	Tubing Depth <b>4325'</b>					
Perforations <b>4357'-65', 4367'-74', 4378'-84', 4389'-99', 4405-17', 4425'-43'</b>			Depth Casing Shoe <b>6766'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>339'</b>	<b>250</b>					
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>6766'</b>	<b>250-2-1/4" DV Tool</b>					
	<b>1-1/4"</b>	<b>6400'</b>						

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 greater than 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
<b>1600</b>	<b>10</b>	<b>3.8</b>	<b>65.7°</b>
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<b>Back Pressure</b>	<b>520#</b>	<b>755#</b>	<b>Adj.</b>

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.

**Marvin E. Smith**  
(Signature)  
**Senior Staff Engineer**  
(Title)

**July 20, 1965**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 10 1965**, 19

BY **Original Signed Emery C. Arnold**

TITLE **Supervisor Dist. # 2**

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.