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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-11
Effective 1-1-65

RECEIVED
JUN 01 1984
OIL CON. DIV.
DIST. 3

I. Operator
Crown Central Petroleum Corporation
Address
7100 E. Belleview Ave. Suite 300 Englewood, Colorado 80111
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☒
Change in Ownership ☐ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Kutz Federal H Well No. 1 Pool Name, Including Formation Basin Dakota Kind of Lease State, Federal or Fee Federal
Location
Unit Letter L ; 1830 Feet From The S Line and 870 Feet From The W
Line of Section 9 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 ☒ Permian Corporation Address (Give address to which approved copy of this form is to be sent) P. O. 1702, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Southern Union Gathering Co. 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 L Sec. 9 Twp. 27N Rge. 10W Is gas actually connected? Yes 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.
Date Spudded Date Compl. Ready to Prod. Total Depth F.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 - Ebbs. Water - Ebbs. Gas - MCF

GAS WELL
Actual Prod. Test-MCF/T Length of Test Ebbs. 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.
B. G. Li Soeey (Signature) Production Engineer (Title)
OIL CONSERVATION COMMISSION
APPROVED JUN 01 1984, 19 BY Frank J. (Signature) SUPERVISOR DISTRICT # 3
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 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.