

DISTRIBUTION	
SANTA FE	
FILE	
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

API 30-845-21735

I.

Operator GREAT LAKES CHEMICAL CORPORATION	
Address c/o K & A, Inc. Minerals Management, P.O. Box 529, Evansville, WY 82636	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter oil: <input type="checkbox"/>
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"/>
Other (Please explain)	
If change of ownership give name and address of previous owner William C. Russell	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hammond	Well No. 334	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter I; Feet From The Line and Feet From The				
Line of Section 26 Township 27N Range 8W, NMPM, San Juan 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"/> Merit Oil Corporation	Address (Give address to which approved copy of this form is to be sent) 300 W. Arrington, Suite 300, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 26
	Twp. 27N	Rge. 8W
	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 <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-20-78	Date Compl. Ready to Prod. 12/15/78		Total Depth 4,700'		P.B.T.D. 4,636'			
Elevations (DF, RKB, RT, GR, etc.) 6,048' KB	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 4,460'		Tubing Depth 4,617'			
Perforations 4,460' - 4,620'					Depth Casing Shoe 4,690'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" - 24#		225'		220'			
7 7/8"	4 1/2" - 10.5#		4,690'		910 (2 stages)			
	1 1/2" - 2.9#		4,617'					

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 2,659'	Length of Test 3 hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) back pr.	Tubing Pressure (shut-in) 380	Casing Pressure (shut-in) 860	Choke Size 3/4

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.

*SE Kendrick*  
(Signature)  
AGENT

(Title)  
January 4, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  
BY Original Signed by A. R. Kendrick  
SUPERVISOR

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 deviate 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 transport or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple.