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TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
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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-110
Effective 1-1-65

B.R.

I. Operator
Dietrich Exploration Company, Inc.
Address
602 Midland Savings Bldg, 444 Seventeenth St., Denver, Colorado 80202
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Well No. 1	Pool Name, including Formation Undesignated - Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM-12021
Location Unit Letter G ; 1880 Feet From The North Line and 1980' Feet From The East Line of Section 27 Township 27 N Range 13 W , 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 type="checkbox"/> Inland Corp. Box	Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 G	Sec. 27	Twp. 27N	Rge. 13W	Is gas actually connected? No	When Est. 120 days

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 8-26-75	Date Compl. Ready to Prod. 11-8-75		Total Depth 5400		P.B.T.D. 5366			
Elevations (DF, RKB, RT, GR, etc.) 6154 RKB & 6142 GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5228		Tubing Depth 5345			
Perforations 5272-5282' (20 holes) and 5288-5296' (16 holes)					Depth Casing Shoe 5398			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8" 24#, K-55	224	150 sks Class "A", 2& C& 12
7 7/8	4 1/2" 10 5/8", K-55	5398	140 sks Poz "A" 50-50 followed by 60 sks class "B" w/0.9 #1 sk latex.

VI. 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 11-15-75	Date of Test 11-16-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 25	Casing Pressure 25	Choke Size ---
Actual Prod. During Test 137	Oil-Bbls. 137	Water-Bbls. 0	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 (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.

Jack D. Cook (Signature)
Agent
11-18-75 (Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 25 1975, 19
BY Original Signed by A. R. Kendrick
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 only Sections I, II, III, and VI 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.