

9

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	12
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and O-105
Effective 1-1-65

Operator
Western Oil and Minerals, Limited

Address
P. O. Drawer 1228, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter oil ☐
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 Snodgrass	Well No. 1	Pool Name, including Formation Largo Chacra	Kind of Lease State, Federal or Fee Federal	Lease No. 3605A
Location Unit Letter <u>K</u> , <u>1660</u> Feet From The <u>South</u> Line and <u>1530</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>27N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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 ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When

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

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 11-20-77	Date Compl. Ready to Prod. 2-26-78	Total Depth 4080'				P.B.T.D. 4042'		
Elevations (DF, RKB, RT, GR, etc.) 6664' KB	Name of Producing Formation Chacra	Top Oil/Gas Pay 3880'				Tubing Depth 4000'		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
6 3/4"	4 1/2"	4073'	Circulated
	1 1/2"	4000'	

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 given able 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 Pitot 1235 MCF/D	Length of Test NA	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Gauge-in.)	Casing Pressure (Gauge-in.) 957#	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.

E. Matt A. Rios
(Signature)
Agent

OIL CONSERVATION COMMISSION
APPROVED _____
Original Signed by A. R. Kendrick, 10 _____
BY _____
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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.