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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

I. Operator **JOHN R. KNOTT**
Address **#850 One Energy Square
4925 Greenville Ave. Dallas, Texas 75206**
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name STP - State	Well No. 1	Pool Name, including Formation (West) Kutz, Pictured Cliffs	Kind of Lease State, Federal or Fee State
Location Unit Letter C ; 940' Feet From The North Line and 1710' Feet From The West Line or Section 16 , Township 27 North Range 12 West , NMPM, San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) 4775 Indian School Road Albuquerque, New Mexico 87110					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O.Box 990 Farmington, N.M. 87401					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 16	Twp. 27N	Rge. 12W	Is gas actually connected? No	When pipeline connection is made.

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'tv.	Diff. Res'tv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spud led 6-30-79	Date Compl. Ready to Prod. 4-3-81		Total Depth 6088		P.B.T.D. 1474			
Pool (West)	Name of Producing Formation Kutz, Pictured Cliffs Pictured Cliffs		Top Gas Pay 1311 1322		Tubing Depth 1320 1332			
Perforations 1311x1320 1322 to 1332 w/ 2 sht./Ft.					Depth Casing Shoe 1537			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		268'		225 sx. Cl "B".			
7 7/8"	2 7/8"		1537		250 sx 50-50 Poz.			
	1 1/2" (siphon string)		1320					

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-Bbls.

GAS WELL

Actual Prod. Test MCF/D Q * 1,326 MCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back press.	Tubing Pressure SI 418 psig	Casing Pressure SI 420 psig	Choke Size 0.50
	232 psig Flowing	304 psig Flowing	

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.

Agent-Consultant for: **John R. Knott**

4-23-81

OIL CONSERVATION COMMISSION
APR 27 1981
APPROVED _____, 19____
BY **Original Signed by FRANK T. CHAVEZ**
TITLE **SUPERVISOR DISTRICT # 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 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.