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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

30681W  
1-25-85

I. Operator  
Dietrich Resources Corp.  
Address  
410 17th Street, Suite #2450, Denver, CO 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)  
Gas  
1st delivery 1-26-85  
25 1985

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 27 D	Well No. 8	Pool Name, Including Formation Gallegos Gallup Assoc.	Kind of Lease State, Federal or Fee Federal	Lease No. NM33043
Location Unit Letter D ; 990 Feet From The North Line and 790 Feet From The West Line of Section 27 Township 27N Range 13W , 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 type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) 1700 Broadway, Denver, CO 80290
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <del>El Paso Natural Gas</del> Dietrich Gathering System	Address (Give address to which approved copy of this form is to be sent) Box 190, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When D 27 27 13 YES 1-25-85

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 type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12/12/84	Date Compl. Ready to Prod. 1/03/85		Total Depth 5410		P.B.T.D. 5368			
Elevations (DF, RKB, RT, GR, etc.) 6108	Name of Producing Formation Gallup		Top Oil/Gas Pay 5003'		Tubing Depth 5324			
Perforations 5225-5235, 5246-5258					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8, 24#		358		295 cu ft class B 2%CaCl			
7 7/8	4 1/2, 10.5#		5410		275 cuft class H 2%gel			
	2 3/8		5324		1752 cuft cl B 2% D-79 by 56 cuft H 2% gel			

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 1/15/85	Date of Test 1/18/85	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure 45	Choke Size none
Actual Prod. During Test 105	Oil - Bbls. 105	Water - Bbls. -0-	Gas - MCF 195

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

Katharine Jenkins (Signature)  
Agent

(Title)

January 24, 1985

(Date)

OIL CONSERVATION COMMISSION  
1-20-85  
APPROVED JAN 30 1985  
Original Signed by FRANK T. CHAVEZ  
BY  
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 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.