

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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DEC 16 1985
CON. DIV
ST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
S.E.R.H., Inc.

Address
Box 312, Otis, Kansas 67565

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 32	Well No. 4	Pool Name, including Formation Beautiful Mtn- Mississippian	Kind of Lease State, Federal or Free XXXX, Federal XXXX	Lease No. N00-C-14-20-4158
Location Unit Letter <u>L</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>795</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>27N</u> Range <u>19W</u> , NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company	Box 256, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
S.E.R.H., Inc.	Box 312, Otis, Kansas 67565
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	32 27N 19W Yes 10/21/85

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature)

Agent

(Title)

December 13, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 16 1985
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 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.

IV. COMPLETION DATA

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion -- (X)			X	X					
Date Spudded 8/21/85	Date Compl. Ready to Prod. 10/7/85		Total Depth 6142'			P.B.T.D. 6100'			
Elevations (DF, RKB, RT, GR, etc.) 5926 GR, 5939 KB	Name of Producing Formation Mississippian		Top Oil/Gas Pay 6011'			Tubing Depth 6075'			
Perforations 6011' to 6080' (40 Holes)						Depth Casing Shoe 6142'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	73'	100 sx= 118 CF
12 1/4"	8 5/8"	1487'	780 sx= 920 CF
7 7/8"	5 1/2"	6142'	450 sx= 531 CF 1st Stg
			800 sx= 1472 CF
			216 sx= 276 CF 2nd Stg

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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 60	Length of Test 7 days		Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Meter into line	Tubing Pressure (shut-in) 1663 (13 days)		Casing Pressure (shut-in) packer	Choke Size