

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

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

30 day temp for PKR test and I.P.

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 Mountain Mississipp	Kind of Lease State, Federal or Fee NOO-C-14-20-4158	Lease No.
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, San Juan 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, NM 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.
		32	27	19
Is gas actually connected?	When			
Yes				

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.

AK Kendrick
(Signature)
AGMIL
(Title)
October 11, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED 10-11, 19 85

BY ORIGINAL SIGNED BY ERNIE BUSCH

TITLE GEOLOGIST DISTRICT #3

This form is to be filed in compliance with RULE 110c.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			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, CR, 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 Cu Ft.			
12 1/4"		8 5/8"		1487'		780 sx 920 Cu Ft.			
7 7/8"		5 1/2"		6142'		450 sx 531 Cu Ft 1st Stage 800 sx 1472 Cu Ft 2nd Stage 216 sx 276 Cu Ft			

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 bn 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size