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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	4
PRODUCTION OFFICE	

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

Form C-104
Supersedes OMC-104 and C-11
Effective 1-1-65

Operator	
Address	
Reasons for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Consolidated Gas ☐ Condensate ☐
Name Change	

If change of ownership, give name and address of previous owner.

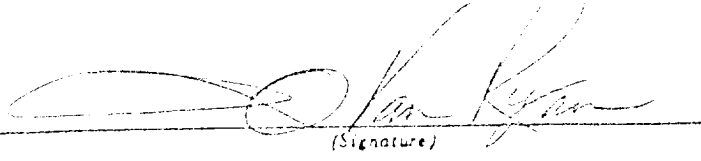
LEASE NUMBER OF FEDERAL LEASE	
Lease Name	Well No. Pool Name, including Peroration
Central Totah Unit	1 Totah Gallup
Kind of Lease	Lease No.
State, Federal or Fee Federal	SF-079065
Location	
Unit Letter M	820 Feet From The South Line and 675 Feet From The West
Line of Section 21	Township 29N Range 13W, N36E, San Juan County

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)
Four Corners Pipeline Plateau	Box 1588, Farmington, New Mexico Box 108, Farmington, New Mexico
Name of Authorized Transporter of Gas, Head Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
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 number.

COMPLETION DATA	
Designate Type of Completion -- (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'd. Unit. Res'd.
Date Spudded	Date Compl. Ready to Prod.
	Total Depth P.E.T.D.

TEST WELL AND REQUEST FOR ALLOWABLE ON WELL (Test must be after recovery of total volume of fluid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Bottom Pressure (Shut-in) (psi)	
Flow Rate (bbls/day)	Tubing Pressure
Casing Pressure	Choke Size
Water-Bble.	Gas-MCF
Length of Test	Grav. of Condensate
Testing Method (Shut-in, Back pr.)	Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)	Choke Size

I. 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.	
	
District Production Manager	
(Title)	
1-1-78	
(Date)	

OIL CONSERVATION COMMISSION	
JAN 12 1978	
APPROVED	19
Original Signed by A. R. Kendrick	
BY	
TITLE SUPERVISOR DIST. 13	
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.	