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TRANSPORTER	OIL	/
	GAS	
OPERATOR		2
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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

61

I. Operator
MIAMI OIL PRODUCERS, INC.

Address
P. O. DRAWER 2040 - ABILENE, TEXAS

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Well drilled by Zoller and Danneberg. Operation taken over by Miami.
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner **Zoller & Danneberg - 219 Patterson Bldg., Denver, Colorado**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo #1-2024	Well No. 1	Pool Name, including Formation Designated Gallup South Waterflow Gallup	Kind of Lease State, Federal or Free Indian
Location			
Unit Letter H	1980'	Feet From The N Line and 990'	Feet From The E
Line of Section 23	Township 29 North	Range 16 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 type="checkbox"/> McWood Corporation	Address (Give address to which approved copy of this form is to be sent) ABILENE, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 G	Sec. 23	Twp. 29N	Rge. 16W	Is gas actually connected? No	When

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-14-64	Date Compl. Ready to Prod. 11-7-64	Total Depth 4212'	P.B.T.D. 4190'					
Foot Designated Gallup	Name of Producing Formation Gallup	Top Oil/Gas Pay 4101'	Tubing Depth 4087'					
Perforations 4101' to 4106'	Depth Casing Shoe 4151'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		162'		70			
7-7/8"	5-1/2"		4190'		200			
	2-3/8"		4087'					

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 11-7-64	Date of Test 11-10-64	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ----	Casing Pressure ----	Choke Size ----
Actual Prod. During Test 348 barrels	Oil-Bbls. 88	Water-Bbls. 260	Gas-MCF ----

GAS WELL

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

Howard B. Kennedy
(Signature)
Consulting Geologist
(Title)

2-19-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 23 1965**, 19
Original Signed By
BY **A. R. KENDRICK**
TITLE **PETROLEUM ENGINEER DIST. NO. 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.