
DISTRIBUTION

S MINOUD NAUCE | GIUITE 1-1/1011661

Form C-104 Revised 10-1-78

OIL CONSERVATION DIVISION P. O. BOX/2088

SANTA FE, NEW MEXICO 87501

DISTRIBUTION -	P. O. 80)	1				
SANTA FE	SANTA FE, NEW	MEXICO 8750	1			
U.S.G.S.				•	. •	
LAND OFFICE	REQUEST FOR	ALLOWABLE				
TRANSPORTER GAS	AN					
OPERATOR	AUTHORIZATION TO TRANSP	ORT OIL AND NA	FURAL GAS			
Operation OFFICE			<u> </u>			
Pioneer <u>Prod</u>	uction Corp.					
Address						
	rmington, NM 87499					
Reason(s) for filing (Check proper box		Other (Ple	ase explain)			
New Well	Change in Transporter of:					
Recompletion	Oil Dry Gas		11 1 1	002		
Change in Ownership	Casinghead Gas Condens	sule [A]	July 1, 1	963		
If change of ownership give name						
and address of previous owner						
DESCRIPTION OF WELL AND	LEASE					
Lease Name	Well No. Pool Name, including to		Kind of Lease		Lease No	
Standard	1 Basin Dakota		State, Federal	or Fee State	<u> </u>	
Location	. Carabb	1500		East		
Unit Letter J : 18	50 Feet From The South Line	, and 1500	Feet From T	The		
	waship 29N Range 12	NA W	лРМ,	San Juan	County	
Line of Section 4 To	waship ZSN Hange 12	,				
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S				
Name of Authorized Transporter of Oil	or Condensate XX	Address (Give addre	ss to which approx	ved copy of this form is to	be sent)	
Giant Refining, <u>Inc.</u>	Box 338 Bloomfield NM 87413 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Ca	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural G <u>as C</u>	Box 990, Farmington, NM 87499					
If well produces oil or liquids,	Unit Sec. Twp. Rge.	1s gas actually conn Yes	nected? Whe	10-13-61		
give location of tanks.	<u>. 1</u>	L				
	ith that from any other lease or pool,	give commingling o	rder number:	7535		
COMPLETION DATA	Oil Well Gas Well	New Well Workov	rer Deepen	Plug Back Same Res	v. Diff. Res	
Designate Type of Completi	on = (X)					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
				<u></u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oll/Gas Pay		Tubing Depth		
	<u> </u>			Depth Casing Shoe		
Perforations						
	TUBING, CASING, AND	CEMENTING REC	ORD	<u></u>		
	CASING & TUBING SIZE	DEPTH SET		SACKS CEM	ENT	
HOLE SIZE	CASING & (CSING SIZE					
				<u> </u>		
		i		<u> </u>		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be at	fter recovery of total	volume of load oil	and must be equal to or e	exceed top all	
OIL WELL	2010 70" 11111 = 1	pth or be for full 24 h	Flow. pumpersas li	(i. eig.)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (D E E			
	Tubing Pressure	Casing Pressure	171	Choke Size		
Length of Test			E 17			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCF	_	
GAS WELL		1		Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/	имст	Gravity of Condensate		
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (SAMC-IM)					
	<u></u>	0"	CONSEB/\V.	TION DIVISION		
CERTIFICATE OF COMPLIAN	ICE				-	
	Later of the Oil Consequation	APPROVED_	JUN 2 I	1983	19	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by FRANK T. CHAVEZ				
		SUPERVISOR DISTRICT # 3				
1		TITLE	BATTHEISON D	INTRICT TE	·	
	//		is to be filed in	compliance with RULI	E 1104.	
	lega	11	securet for allo	wable for a newly drill	ed or deepe	
	nature)/	11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	must be accompl	anied by a tabulation of ordance with RULE 11	of fun dealer	
•	ent/	Tests taken on	a of this form m	ust be filled out compl	etely for all	
	ielbs	able on new an	d recompleted w	ells.		

Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditi

(Date)

June 20, 1983

Separate Forms C-104 must be filed for each pool in multi-