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FILE

1

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL 1

GAS

OPERATOR

2

PRORATION OFFICE

Operator

Compass Exploration, Inc.

Address

P. O. Box 1138, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well

Change in Transporter of:

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

X

Other (Please explain)

If change of ownership give name and address of previous owner

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

DESCRIPTION OF WELL AND LEASE

Lease Name

City Of Farmington

Well No.

1-4

Pool Name, Including Formation

Basin Dakota

Kind of Lease

State, Federal or Fee

Fed.&Fee

Location

Unit Letter

B

Feet From The

790

North

Line and

1750

Feet From The

East

Line of Section

4

Township

29 N

Range

13 W

NMPM,

San Juan

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

La Mar Trucking, Inc.

or Condensate

X

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1528, Farmington, New Mexico

Name of Authorized Transporter of Casinghead 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

B

Sec.

4

Twp.

29N

Rge.

13W

Is gas actually connected?

Yes

When

1-23-61

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'v.

Diff. Res'v.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Pool

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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

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 (pitot, back pr.)

Tubing Pressure

Casing Pressure

Choke Size

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.

Area Manager

April 19, 1965

OIL CONSERVATION COMMISSION

APR 20 1965

APPROVED

BY

TITLE

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.