

ILLEGIBLE

B.K.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OWNER/RECEIVER	
DISTRIBUTION	
SANTA FE	
EL PASO	
UNITED	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	NATURAL GAS
PRODUCTION OFFICE	
PRODUCER	

CARIBOU FOUR CORNERS, INC.

Address

RM 219 TRANSWESTERN BLDG., BILLINGS, MONTANA 59101

Reason(s) for filing (check proper box)

New Well

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Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Kirtland	#5	Cha Cha Gallup	State, Federal or Fee	Fee
Location	Unit Letter	Feet From The	Line and	Feet From The
	J	2030	South	2125
			East	
Line of Section	12	Township	29N	Range
			15W	NMPM, San Juan
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) or Condensate	Address (Give address to which approved copy of this form is to be sent)					
Inland Corporation	P. O. Box 1528, Farmington, New Mexico 87401					
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 fluids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	2	12	29N	15W		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Line Restv.	Diff. Restv.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	R.B.T.D.					
5/20/80	1-2-80	4700	4550					
Elevations (H, V, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5183 GR	Gallup	4507	4606.24 KB					
Depth of Casing	Depth of Casing							
4508-4582	19 shots	.38" holes	4700.14					

TUBING, Casing, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12"	8 5/8"	339 GR	275 SX
7 7/8"	4 1/2"	4700.14 KB	875 SX

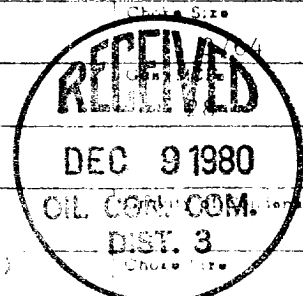
V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of test volume of fluid and must be equal to or exceed test allow-
able for this depth or be for full 24 hours)

Date of Test	Flowing Method (Flow, pump, gas lift, etc.)	
11-22-80	Flowing	
Length of Test	Casing Pressure	Test Size
8 hrs	300 psi	1200 psi
Water-Bble. During Test	Oil-Bble.	Water-Bble.
	25 B0	5 BW frac

GAS WELL

Length of Test	Shut-In Pressure (Shut-in)	Shut-In Pressure (Shut-in)



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
above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

TITLE

SUPERVISOR DISTRICT # 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 allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner,
well name or number, or transportation of other such change of condition.Separate Forms O-104 must be filed for each pool in multiply
completed wells.

Geologist

12-7-80

(Date)