STATE OF N.M.
ENERGY AND MINERALS DEPT.

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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL / GAS
OPERATOR
PRORATION OFFICE

ILLEGIBLE

Form C-104
Revised 10-1-78

B.K.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

CARIBOU FOUR CORNERS, INC.

Address

RM 219 TRANSWESTERN BLDG., BILLINGS, MONTANA 59101

Reason(s) for filing (Check proper box)

				Other (Please explain)
New well	X	Change in Transporter of:		
Recompletion		Oil	Dry Gas	
Change in Ownership		Casinghead Gas	Condensate	

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 J : 2030 Feet From The South Line and 2125 Feet From The 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

Inland Corporation

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

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 liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	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	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/20/80	1-/2-/80	4700	4550

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5183 GR	Gallup	4507	4606.24 KB

Perforations	Depth Casing Shoe
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"	4½	4700.14 KB	875 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)
11-22-80	11-22-80	Flowing

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
8 hrs	300 psi	1200 psi	24

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	25 BO	9 BW frac	

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DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

(Signature)

Geologist
(Title)

12-7-80
(Date)

OIL CONSERVATION DIVISION

DEC 9 1980

APPROVED , 19

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 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.