STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-1-78

B.R.

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

CARIBOU FOUR CORNERS, INC.

Address

RM. 219 TRANSWESTERN BLDG, 404 N. 31ST ST., BILLINGS, MONTANA 59101

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead 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	#6	CHA CHA GALLUP	State, Federal or Fee FEE	

Location

Unit Letter C : 860 Feet From The NORTH Line and 2090 Feet From The WEST

Line of Section 13 Township 29N Range 15W , NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ] — Address (Give address to which approved copy of this form is to be sent)

INLAND CORPORATION — P. O. BOX 1528, FARMINGTON, N.M. 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)

NONE

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	13	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.
9-5-80	11-1-80	4700'	4575

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5138 GL, 5152 KB	GALLUP	4432	4520' KB

Perforations	Depth Casing Shoe
4437-4519 19 HOLES	4700 KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	8 5/8	340 GL	275 sx
7 7/8	4½	4700 KB	1025 sx
	2 3/8	4520 KB	

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DIST. 3

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
10-28-80	3-3-81	Flowing

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
3 hrs	300 psi	1200 psi	½ inch

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	42 BO	0	55

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)

(Title)

3-4-81
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 4 1981, 19

BY Original Signed by FRANK T. CHAVEZ

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 operator, well name or number, or transporter of oil, gas, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.