

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator  
Bradley H. Keyes and Margaret N. Keyes, Trustees

Address  
103 North Main Street, Aztec, New Mexico 87410

Reason(s) for filing (Check proper box) Other (Please explain)

☒ New Well ☐ 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 Ransom	Well No. 1-M	Pool Name, Including Formation Aztec Fruitland - Farming	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>O</u> ; <u>1240</u> Feet From The <u>South</u> Line and <u>2435</u> Feet From The <u>East</u>				
Line of Section <u>13</u> Township <u>29N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Bradley H. Keyes  
(Signature)  
Trustee  
(Title)  
9/23/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 24 1985  
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 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.

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X						
Date Spudded 12/3/80	Date Compl. Ready to Prod. 9/11/85	Total Depth 1940			P.B.T.D. 1670				
Elevations (DF, RKB, RT, GR, etc.) 5581 GL	Name of Producing Formation FRUITLAND - FARMINGTON	Top Oil/Gas Pay 896			Tubing Depth 1615				
Perforations 1615-27      1128-41      896-906						Depth Casing Shoe			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	7.625	122	65 SAK
	7.875	1937	250 SAK

**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.)	
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 28800	Length of Test 3 HRS	Bbls. Condensate/MMCF NONE	Gravity of Condensate NA
Testing Method (pilot, back pr.) PILOT	Tubing Pressure (shut-in) 368	Casing Pressure (shut-in) 368	Choke Size 0.75

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