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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

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-1
Effective 1-1-65

Operator	Clinton Oil Company
Address	P. O. Box 2434
Reason(s) for filing (check proper box)	Other (Please explain)
New Well	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>
Change in Transporter of	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>
Other	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		NM
Lease Name	Lease No.	Lease
Northeast Hogback	46	Horseshoe Gallup
County	State, Federal or Leasing	Federal
Section	1765	North
14	30N	16W
San Juan	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
Giant Refining, Inc.	Farmington NM 87401
Name of Authorized Transporter of Casinghead 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.	Is gas actually connected? When
P 10 30N 16W	NO

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't <input type="checkbox"/> Diff. Res't <input type="checkbox"/>
Date Added	Date Compl. Ready to Prod.
Elevation (D.B., RKB, RL, GR, etc.)	Name of Producing Formation
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
Date First New Oil Run To Tanks	Date of Test
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil-Bbls.
Producing Method (Flow, pump, gas lift, etc.)	
Casing Pressure	Choke Size
Water-Bbls.	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)
Bbls. Condensate/MMCF	Gravity of Condensate
Casing Pressure (shut-in)	Choke Size

VI. 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.	
Duane L. Kihle, District Production Clerk	
12- 10-74	
OIL CONSERVATION COMMISSION	
APPROVED	
BY Original Signed by	
SUPERVISOR DIST. #3	
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 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 multiple completed wells.	