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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)			
New Well	<input type="checkbox"/>	Change in Transporter of Oil	<input checked="" type="checkbox"/>
Recompletion	<input type="checkbox"/>	Change in Transporter of Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Other (Please explain)	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Section	Range	County	NM
Northeast Hogback	41	Horseshoe Gallup	Federal	04444
Well Name	1980	South	660	East
Section	10	30N	16W	San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent)	Farmington NM 87401
Name of Authorized Transporter of Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks	P	Sec.	10
		Twp.	30N
		Rge.	16W
Is gas actually connected?	NO	When	

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)	<input checked="" type="checkbox"/> Oil Well	<input 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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevation (D.E., RKB, R.I., GR., etc.)	Name of Producing Formation		Depth to Gas Day		Tubing Depth			
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

(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	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 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
(Signature)
Duane L. Kihle, District Production Clerk
(Title)
12- 10-74
(Date)

OIL CONSERVATION COMMISSION

DEC 10 1974

APPROVED _____, 19____
Original Signed by _____
TITLE _____ SUPERVISOR DIST. #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 multiple completed wells.