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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

I. Operator  
Clinton Oil Company  
Address  
P. O. Box 2434  
Reason(s) for filing (check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Other (Please explain) ☐  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Northeast Hogback 33 Horseshoe Gallup NM  
Kind of Lease State, Federal or Free Federal Lease No. 04443  
Location  
Ditch Letter K 2120 Feet from the South 1830 Feet from the West  
Line of Section 11 Township 30N Range 16W NM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil (X) or Condensate 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 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 P Sec. 10 Twp. 30N Rge. 16W Is gas actually connected? No When

IV. COMPLETION DATA  
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Restv. ☐ Diff. Restv. ☐  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Flow, in (DF, RK, RI, GR, etc.) Name of Producing Formation Depth of Casing  
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 (pilot, 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  
APPROVED DEC 13 1974  
Original Signed by Elroy C. Arnold  
BY  
TITLE SUPERVISOR  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepener 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.