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OPERATOR	3
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-110
 Effective 1-1-65

I. Operator Clinton Oil Co. - Operating Division
 Address 217 North Water - Wichita, Kansas 67202
 Reason(s) for filing (Check proper box)
 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 Paw American Petroleum Corp.

II. DESCRIPTION OF WELL AND LEASE
 Lease Name NE Hogback Unit Well No. 32 Pool Name, Including Formation Horseshoe Gallup Kind of Lease Federal Lease No. 14443
 Location L ; 2260 Feet From The South Line and 660 Feet From The West
 Line of Section 11 Township 30N Range 16W , NMPM, San Juan County

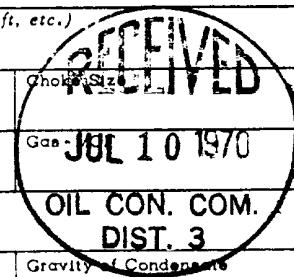
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
Water Injection Well
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? 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) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay 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
Actual Prod. During Test	Oil-Bbls.	Water-Bble.



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.

Cl W Oracke
 (Signature)
Production Clerk
 (Title)
7-2-70
 (Date)

OIL CONSERVATION COMMISSION
 JUL 10 1970
 APPROVED _____, 19____
 BY Original Signed by Emery C. Arnold
 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 multiply completed wells.



DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

NM 04443

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL GAS WELL OTHER Water Injection

7. UNIT AGREEMENT NAME

Northeast Hogback Unit

2. NAME OF OPERATOR

Clinton Oil Company

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR

P. O. Box 2434, Casper, Wyoming 82601

9. WELL NO.

32

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

2260' FSL and 660' FWL, Sec. 11, T30N-R16W

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

NW SW, Sec. 11,
T30N-R16W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5467' GL

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Convert to pumping oil well

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

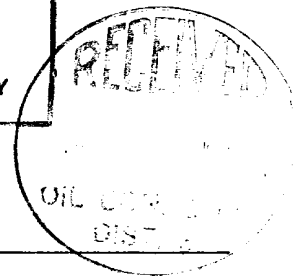
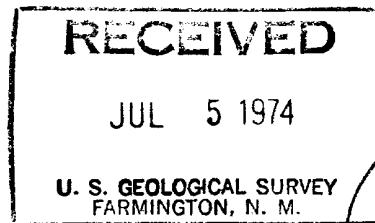
ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Subject well is a temporarily abandoned water injection well. We propose to pull packer and run tubing and rods, acidize perfs with 350 gallons of 15% acid and put well back on pump.



18. I hereby certify that the foregoing is true and correct

SIGNED

W. J. Smith

TITLE District Manager

DATE July 2, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side