

DISTRIBUTION	
ANTA FE	
ILE	
I.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
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-  
Effective 1-1-65

I.

Operator	SUMATRA OIL INC.	
Address	P.O. Box 986 Billings, MONT. 59103	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter
Recompletion	<input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Other <input type="checkbox"/>

If change of ownership give name and address of previous owner

(E & S Casing) Nolara Corp

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
NA D212 PAH	1	Verde Gallup	State, Federal or Fee Navajo	14-20 623-496
Location				
Unit Letter	1980 Feet From The	N Line and	2230 Feet From The	E
Line of Section	1 Township	30N Range	16W, NMPL	SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipe Line	Farmington, New Mexico					
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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	G	1	30N	16W		

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'ty.	Diff. Res'ty.
	X						X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-19-60	1-26-60	1850	1709					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Lay	Taking Depth					
5451 G.L.	Horseshoe Gallup	1648	1655					
Perforations						Depth Casing Shoe		
						1750		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	9 5/8"		99		25			
	5 1/2"		1750					
	2 3/8"		1643					

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.)	
2-22-60	2-22-60	PUMPING	
Length of Test	Tubing Pressure	Casing Pressure	Choke
24 hrs	—		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
15 B.B.L.	15	0	0

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.

Larry Hill  
(Signature)  
Agent  
(Title)  
2-9-81  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 17 1981, 19  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 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 1111.

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