

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-105
Effective 1-1-65

DISTRIBUTION		
ANTA FE		
ILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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 ☐ Change in Transporter ☐
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner (C & S Casing) Nolara Corp.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>NA D212 PAH</u>	<u>2</u>	<u>Verde Gallup</u>	State, Federal or Fee <u>NAVAJO</u>	<u>14-20 603-48</u>
Location	Unit Letter	Feet From The	Line and	Feet From The
	<u>B</u>	<u>660</u>	<u>N</u>	<u>2260</u>
Line of Section	Township	Range	N.M.P.M.	County
<u>14-21</u>	<u>30 N</u>	<u>16 W</u>	<u>SAN JUAN</u>	

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)				
<u>Shell Pipe Line</u>	<u>Farmington, New Mexico</u>				
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.	Range	Is gas actually connected?	When
	<u>B</u>	<u>1</u>	<u>30 N 16 W</u>		

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.
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>1-26-60</u>	<u>2-5-60</u>	<u>1685</u>	<u>—</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>C.h. 5495</u>	<u>Verde Gallup</u>	<u>1590-1685</u>	<u>1682</u>					
Perforations			Depth Casing Shoe					
			<u>1586</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>9 5/8"</u>	<u>103</u>	<u>75</u>
	<u>5 1/2"</u>	<u>1574</u>	<u>100</u>
	<u>4 1/2"</u>	<u>120</u>	
	<u>2 3/8"</u>	<u>1682</u>	

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.)	Choke Size
<u>2-24-60</u>	<u>2-24-60</u>	<u>PUMPING</u>	<u>—</u>
Length of Test	Tubing Pressure	Casing Pressure	
<u>24 hrs</u>			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
<u>59 B.B.L.</u>	<u>59</u>	<u>0</u>	

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

TITLE SUPERVISOR DISTRICT #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