

DISTRIBUTION	
ANTA FE	
ILE	
U.S.G.S.	
CAND 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)
New Well ☐ Change in Lease ☐
Recompletion ☐ ☒ ☐
Change in Ownership ☒ ☐ ☐
If change of ownership give name and address of previous owner (C & S. Casing) NOLARA CORP.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Verde Gallup	Kind of Lease	080216
Location		State, Federal or Fee	
Unit Letter	C 660	Feet From The	N 1780
Line of Section	4	Township	30N
		Range	15W, NMEM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Inland Trans.	Address (give address to which approved copy of this form is to be sent)	Farmington, New Mexico
Name of Authorized Transporter of 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.	C 4 30N 15W	Is this facility connected?	Yes

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)	X	New Well	Workover	Deepen	Plug Back	Side Rest.	Diff. Rest.
Date Spudded	8-21-59	Date Compl. Ready to Prod.	9-29-59	Total Depth	3726	P.B.T.D.	
Elevations (DF, RKB, RT, GS, etc.)	C.L. 5445	Name of Producing Formation	Lower Gallup	Producing Interval		Tubing Depth	3716
Perforations						Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	5 1/2"	3612	250
	10 3/4"	122	125
	4 1/2"	164	
	2 3/8"	3716	

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	11-9-59	Date of Test	11-10-59	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24 hrs	Tubing Pressure	15 P.S.I	Casing Pressure	
Actual Prod. During Test	16.67	Oil-Bbls.	16.67	Water-Bbls.	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
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 well in multiple