

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED
MAY 22 1984
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
REEVES DRILLING & PETROLEUM CORP..	
Address P.O. BOX 12145 LAS VEGAS, NEVADA 89112	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	

If change of ownership give name and address of previous owner M.T.K. INC. P.O. Box 151 Farmington, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name Malco-Copple	Well No. 2	Pool Name, including Formation Verde-Gallup	Kind of Lease State, Federal or Fee Fed	Lease No. 080212
Location				
Unit Letter <u>C</u> : <u>360</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>5</u> Township <u>30N</u> Range <u>15 W</u> , NMPM, <u>San Juan</u> 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"/> GIANT REFINERY	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, N.M. 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 F	Sec. 5
	Twp. 30N	Rge. 15W
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number: None

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	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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Reeves Drilling & Petroleum Corp
Pres. (Signature)
May 11, 1984 (Date)

OIL CONSERVATION DIVISION

APPROVED MAY 22 1984, 19
BY Frank J. [Signature]
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 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.