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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

I.

| | |
|----------------------------------------------------------------|-----------------------------------------|
| Operator <u>Plato & Gas Company</u> | |
| Address <u>Box 108, Farmington, New Mexico</u> | |
| Kind of Lease (Check proper box) | |
| <input checked="" type="checkbox"/> A | Change in Transporter of: |
| <input type="checkbox"/> | Oil <input type="checkbox"/> |
| <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> |
| <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| <input type="checkbox"/> | Condensate <input type="checkbox"/> |
| Other (Please explain) <u>Dually Completed</u> | |
| If change of ownership give name and address of previous owner | |

II. DESIGNATION OF WELL AND LEASE

| | | | |
|--------------------------------|---------------------------------------------------------------------------------------|----------------------------------------|------------------------------|
| Well No. <u>Greiner "A"</u> | Pool Name, Including Formation <u>#3 Blanco Mesaverde</u> | Kind of Lease State, Federal or Fee | Lease No. <u>SF-07724</u> |
| Location | | | |
| Unit Letter <u>'G'</u> | <u>1510</u> Feet From The <u>North</u> Line and <u>1620</u> Feet From The <u>East</u> | | |
| Line of Section <u>34</u> | Township <u>30 North</u> | Range <u>10 West</u> | NMPM, <u>San Juan</u> County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Plateau</u> | Address (Give address to which approved copy of this form is to be sent) <u>Box 108, Farmington, New Mexico</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Southern Union Gathering</u> | Address (Give address to which approved copy of this form is to be sent) <u>Box 398, Bloomfield, New Mexico</u> |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? <u>Yes</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"/> | | | | | <input checked="" type="checkbox"/> |
| Date Spudded <u>2-11-64</u> | Date Compl. Ready to Prod. <u>3-25-64</u> | Total Depth <u>7120</u> | P.S.T.D. <u>7088</u> | | | | | |
| Well Name (SF, RKB, RT, GR, etc.) <u>5178 Gr</u> | Name of Producing Formation <u>Mesaverde</u> | Top Oil/Gas Pay <u>4173</u> | Tubing Depth <u>6650</u> | | | | | |
| Perforations <u>4173-4180, 4200-4236, Mesaverde</u> | | | Depth Casing Shoe <u>7118</u> | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|----------------|----------------------|--------------|----------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| <u>12 1/2"</u> | <u>8-5/8"</u> | <u>308'</u> | <u>250 sbs</u> |
| <u>6-3/4"</u> | <u>4-1/2"</u> | <u>7118'</u> | <u>250 sbs</u> |
| | <u>1-1/2" EUE</u> | <u>6650'</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.) | |
| | Tubing Pressure | Casing Pressure | Choke Size |
| Oil - Bbls. During Test | Oil - Bbls. | Water - Bbls. | Gas - Bbls. |
| Well Name - 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 |
| <u>Back Pressure</u> | | <u>894</u> | <u>3/4</u> |

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.

John O. Sullivan
(Signature)
District Superintendent
(Title)
October 19, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 11 1970, 19
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with Rule 111.
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of all tests taken on the well in accordance with Rule 111.
All sections of this form must be filled out completely, even if blank on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple