DISTRIBUTION	5
	1
	1
TRANSPORTER OIL	
GAS	1
OPERATOR	2
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-110
Effective 1-1-65

Operator: Palmer Oil & Gas Company

Address: P. O. Box 2564, Billings, Montana 59103

Reason(s) for filing *(Check proper box)*

				Other *(Please explain)*
New Well	X	Change in Transporter of:		
Recompletion		Oil		
Change in Ownership		Casinghead Gas		

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal	4	Undesignated Pictured Cliffs	State, Federal or Fee: Fee	

Location: Unit Letter P; 1124 Feet From The South Line and 564 Feet From The East

Line of Section 3 Township 31N Range 7W, NMPM, San Juan County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: _____ Address *(Give address to which approved copy of this form is to be sent)*: _____

Name of Authorized Transporter of Casinghead Gas or Dry Gas: Northwest Pipeline Corporation Address *(Give address to which approved copy of this form is to be sent)*: P. O. Box 90, Farmington, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					no	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/22/78	4/26/78	3627'	3589'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6586 GL, 6597 KB	Pictured Cliffs	3396	3516'
			Depth Casing Shoe
			-

Perforations: 3396, 3400, 3402, 3415, 3421, 3494, 3507, 3557, 3563, 3589

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	257' KB	250 sx
7-7/8"	5-1/2"	3625' KB	350 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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 a full 24 hours)

OIL WELL

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

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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
7446	3 hours		
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	1359	1381	3/4"

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.

PALMER OIL & GAS COMPANY

Robert D. Ballantyne
(Signature)

Robert D. Ballantyne, Production Supt.
(Title)

May 30, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 5 1978, 19 _____

BY Original Signed by FRANK T. CHAVEZ

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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, transporter or other such change of condition.