

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Joel B. Burr, Jr.

Address
Suite 300, 300 W. Arrington, Farmington, NM 87401

Reason(s) for filing (Check proper box)
 New Well
 Recompletion
 Change in Ownership

Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Foothills "C"	Well No. 1	Pool Name, Including Formation Wildcat Fruitland	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>A</u> : <u>1070</u> Feet From The <u>North</u> Line and <u>945</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>30N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

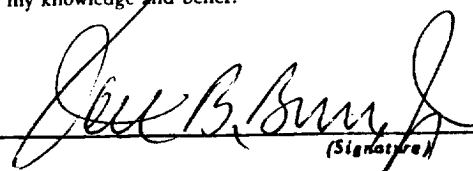
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.


 Owner & Operator
 (Signature)

8/7/85
 (Date)

OIL CONSERVATION DIVISION
AUG 7 1985

APPROVED Original Signed by CHARLES GHOLSON
 BY
 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 deviated 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 completed wells.

IV. 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 12/5/84	Date Compl. Ready to Prod. 5/31/85		Total Depth 1945'			P.B.T.D. 1849'			
Elevations (DF, RKB, RT, GR, etc.) 5741 GR	Name of Producing Formation Fruitland		Top Oil/Gas Pay 1740'			Tubing Depth N/A			
Perforations 1740' - 1750'						Depth Casing Shoe 1880'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 3/4	7	74	59 cu ft c/b, 3% Ca Cl
5 1/4	2 7/8	1880	161 cu ft 65/35 POZ
			12% gel, 12 1/4 Gilson
			176 cu ft 50/50 POZ 2%

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 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
194	3 hrs	N/A	N/A
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) N/A	Casing Pressure (shut-in) 530	Choke Size 6 x 0.5"