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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PROBATION 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

I. Operator

BENSON-MONTIN-GREER DRILLING CORP.

Address

221 Petroleum Center Building, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☒ Change in Transporter's  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change in ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
LA PLATA MANCOS UNIT	2	La Plata Gallup	State, Federal or Fee Federal	NM0560427
Location				
Unit Letter	I	2050 Feet From The south	Line and 635	Feet From The east
Line of Section	6	Township 31N	Range 13W	NMPM, San Juan 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"/>	Address (Give address to which approved copy of this form is to be sent)
BENSON-MONTIN-GREER DRILLING CORP.	221 Petroleum Center Bldg., Farmington NM
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	N/A
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	I 6 31N 13W No

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-1-68	5-22-80	4394'	--					
Elevations (DB, R&B, RT, CR, etc.)	Name of Producing Formation	Test Oil/Gas Pay	Tubing Depth					
6002' GR	Mancos Gallup	4240'	-- 4339					
Perforations	Depth Casing Shoe							
4294-4302', 4240-4260'	3961'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/4"	13-3/8"	273'	315 sacks					
9-7/8"	7-5/8"	3961'	800 sacks					
6-3/4"	5-1/2" (liner)	3671' to 4394'	80 sacks					
	2 3/8	4339						

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 of New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5/80 5/23/80	5-23-80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	20	20	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
1 bbl.	1 bbl	-0-	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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.

Vice-President

July 13, 1983

OIL CONSERVATION COMMISSION

APPROVED JUL 17 1983, 19

BY O. J. Chavez

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.