

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS 1
OPERATOR	2
PREPARATION 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 <u>Intec Oil and Gas</u>	
Address <u>Boxer 570, Farmington, New Mexico</u>	
Reasons for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain)

If change of ownership give name
and address of previous owner

III. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Thompson</u>	Well No. <u>13</u>	Producing Formation <u>Pictured Cliffs</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM-01614</u>
Location				
Unit Letter <u>F</u>	<u>1800</u>	Feet From The <u>North</u>	Line and <u>1800</u>	Feet From The <u>West</u>
Line of Section <u>28</u>	Township <u>31N</u>	Range <u>12W</u>	, NMPM, <u>San Juan</u> County	

IV. 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)	
<u>Central Manufacturing Corporation</u>	<u>Box 2155, Santa Fe, New Mexico</u>	
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)	
<u>Northern Union Gathering</u>	<u>Fidelity Union Tower, Dallas, Texas, 75201</u>	
Is well produces oil or liquids, and location of tanks.	Unit <u>Gr</u>	Is gas actually connected? <u>Yes</u>
When Att: <u>Oren Haseltine</u>		

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

Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Recv.	Dr. & Reperf.
		X	X					
Date Comp. Ready to Prod.	Date Comp. Ready to Prod.		Total Depth		F.B.T.D.			
<u>1-10-62</u>	<u>6-16-66</u>		<u>2600</u>		<u>2600</u>			
Depth to GPF, RKB, RT, GR, etc.,	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>4112 Gr</u>	<u>Pictured Cliffs</u>		<u>2506</u>		<u>2510</u>			
Performance					Depth Casing Shoe			
<u>2506-13, 2518-27, 4 SPF</u>					<u>2600</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>112</u>	<u>60 gr</u>
<u>6-3/4"</u>	<u>4-1/2"</u>	<u>2600</u>	<u>250 gr</u>
	<u>1"</u>	<u>2510</u>	

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

Test Method (pilot, back pr.)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>back pressure</u>	<u>2 hr</u>		
Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size	
<u>598</u>	<u>612</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.

Ja. C. Delmonda
(Signature)
District Superintendent
(Title)
July 1, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 27, 1969

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #9

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.
Form C-104 must be filed for each well in