NO. OF COPIES MECEIVED		.3	
DISTRIBUTION			
SANTA FE		1	
FILE			
U.S.G.S.			
LAND OFFICE			
THANSPORTER	OIL	1_	
MANSPORTER	GAS		
OPERATOR		2	
PRORATION OFFICE			

,	SANTA FE /		FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65		
 	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS		
Ì	LAND OFFICE					
	THANSPORTER OIL					
	GAS					
	OPERATOR 2					
1.	PROPATION OFFICE					
	Operator  James P. Woosley					
	Address					
		. Colorado 81321				
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Woll	Change in Transporter of:				
	Recompletion	OII Dry Ga	s [			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name	Wright and Woosley	Box 1227 Cortes, Colo	prado 81321		
	and address of previous owner	"IZGIIO GIAL "OUBZOJ"				
	THE PARTY OF MICH.	PACE				
11.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fe	ormation Kind of Le			
	Navajo A	1 Many Rocks	- Gallup State, Fede	eral or Fee Federal 14-20-603		
	Location			5012		
	Unit Letter M 660	Feet From The South Lin	e and 990 Feet Fro.	m The		
	Unit Letter		_			
	Line of Section 25 27 Town	nship 32N Range	17W , NMPM, St	in Juan County		
			_			
III.	DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	proved copy of this form is to be sent)		
	l control of the cont	C. Condoniatio		ton, New MExcleo		
	Shell pipeline Name of Authorized Transporter of Casi	inghead Gas or Dry Gas		proved copy of this form is to be sent)		
	None					
		Unit Se28 Tw32 Egf7	Is gas actually connected?	When		
	If well produces oil or liquids, give location of tanks.	M 32 17 1	1			
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v.		
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.		
	Designate Type of Completion			P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 311, 010 1 11,			
	Perforations			Depth Casing Shoe		
Perforations						
TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				ail and must be sovel to or exceed ton allows		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to of able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	s lift, etc.)		
	Batte First New On Hair 19 1			CCCIA		
	Length of Test	Tubing Pressure	Casing Pressure	Chok Siz		
				Gds-MCF		
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	JAN 14 1974		
				JAN 14 9/4		
				UIL CON. COM.		
	GAS WELL  Actual Prod. Test-MCF/D Length of Test  Bbls. Condensate/MMCF		Gravit of Condensate			
	Actual Prod. Test-MCF/D	Length of leat				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Teating Method (phos) show pro					
• • •	CERTIFICATE OF COMPLIANCE	CE	OIL CONSER	VATION COMMISSION		
VI	CERTIFICATE OF COMPLIANCE		JAN 1	4 1974		
	Thomshop contifue that the rules and I	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED		
I hereby certify that the rules and regulations that the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by Dissay G. Arnold				
		TITLE SUPERCLEUS DIST, #3				
		TITLE SUPPLY BOX BADA D				
	A = A	7	This form is to be filed	in compliance with RULE 1104.		
	(Signature) Operator (Title)			I a standard for a newly drilled or deepened		
			well, this form must be accompanied by a tabulation of the deviation of th			
			All sections of this form	must be filled out completely for allow-		
			able on new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of owner,			
	1/7/74		Fill out only Sections well name or number, or trans	I. II. III, and VI for changes of owner, porter, or other such change of condition.		
	(Da	ite)	1			

(Date)

STATE OF CO AGY AND MINERALS DEPARTMENT

(Date)

Form C-104 Revised 10-1-78

OIL CONSERVATION DIVISION

	OIL CONSE	RVA/TION DIVISION	Revised 10-1-78	
SANTA FE		D. BOX 2088		
FILE	SANTA FE,	NEW MEXICO 87501		
U.S.G.S.				
TRANSPORTER OIL	REQUEST	T FOR ALLOWABLE		
OPERATOR GAS	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL GA		
PROBATION OFFICE		THE OR OLE AND HATOKAL GA		
James P. Woosley				
Post Office Box 1227,	Cortez, Colorado 81321			
Reason(s) for filing (Check proper be	ox)	Other (Please explain	)	
Recompletion	Change in Transporter of: Oil XX D	Ty Gas		
Change in Ownership		ondensate		
change of ownership give name ad address of previous owner				
ESCRIPTION OF WELL AND			NAVA IO	
Navajo A	Well No. Pool Name, Includi  1 Many Rocks	C-11	Lease No.	
ocation	1   Many Rocks	Gallup _ State, F	oderal or Fee Federal 14-20-	
Unit Letter M : 66	50 Feet From The South	Line and 990 Feet F	603-5012 From The West	
Line of Section 27 To	ownship 32N Range	17W , NMPM,	San Juan County	
ESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	, GAS		
fame of Authorized Transporter of Of	11 🔯 or Condensate 🗌	Address (Give address to which a	approved copy of this form is to be sent)	
Ciniza Refinery	reinghood Cae Co	Route 3 - Box 7, Ga	llup, New Mexico 87301	
None			pproved copy of this form is to be sent)	
well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. Rgc. M 27 32N 17W	1	When	
this production is commingled with OMPLETION DATA		ool, give commingling order number:		
Designate Type of Completi	on - (X) Oil Well Gas Wel	New Well Workover Deeper	Plug Back   Same Res'v. Diff. Res'v	
cte Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Dopth	
erforations	<u> </u>		Depth Casing Shoe	
			and and	
		AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ST DATA AND REQUEST FO		e lifter recovery of total volume of load tepth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
ite First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	a lift, etc.)	
ngth of Test	Tubing Proceure	Casing Pressure	Choke Size	
			CINCO	
tual Prod. During Test	Oil-Bbls.	Water-Bbls.	C Pat ME	
		MAY	1 1 1983	
IS WELL	11 and 1 miles			
audi prod. 1000 MCF/D	Length of Test	Bble. Condensate/MMOE)	Cra D Condensato	
ating Method (pitot, back pr.)	Tubing Processe (ghat-in)	Coming Pressure (Shut-in)	ST 3 Choke Size	
RTIFICATE OF COMPLIANC	E	OIL CONSERV	ATION DIVISION	
reby certify that the rules and regulations of the Oil Conservation ision have been complied with and that the information given		MAY 1 1983		
we is true and complete to the best of my knowledge and belief.		SUPERVISOR DISTRIBT		
•				
This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or de				
(Signor	in Ageomic	well, this form must be accommost tosts taken on the well in acc	panied by a tabulation of the deviation	
Operator (Title	1/18/- 3250	<b>! i</b>	must be filled out completely for allow-	
May 6, 1983		()	II. III, and VI for changes of owner,	

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 steeted walls.