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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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

RECEIVED

AUG 16 1984

OIL CON. DIV.
DIST. 3

Operator James P. Woosley	
Address P.O. Drawer 1480, Cortez, Colorado 81321	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Other (Please explain) Notice of authorized transporter of casinghead gas

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Tribal</u> Navajo AA	Well No. <u>16</u>	Pool Name, Including Formation <u>No. Many Rocks - Lower Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>14-20-</u> <u>603-585</u>
Location				
Unit Letter <u>A</u>	<u>952</u>	Feet From The <u>North</u>	<u>958</u>	Feet From The <u>East</u>
Line of Section <u>20</u>	Township <u>32N</u>	Range <u>17W</u>	San Juan County	

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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, New Mexico 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>Yes</u>	When <u>August 13, 1984</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>				<u>XXXX</u>		
Date Spudded <u>June 22, 1964</u>	Date Compl. Ready to Prod. <u>August 18, 1984</u>		Total Depth <u>1653'</u>		S.B.T.D. <u>1647'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5823 GL</u>	Name of Producing Formation <u>Lower Gallup Ss</u>		Test Oil/Gas Pay <u>1611'</u>		Tubing Depth <u>1589'</u>			
Perforations <u>4/ft. 1618' - 1624'</u>					Depth Casing Shoe <u>1648'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>9"</u>	<u>7"</u>		<u>25'</u>		<u>10 sks</u>			
<u>6-1/4"</u>	<u>4-1/2"</u>		<u>1653' 1649</u>		<u>50 sks</u>			
	<u>Tubing 2-3/8"</u>		<u>1589'</u>					

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 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 <u>230 mcf/D</u>	Length of Test <u>24 hours</u>	Bbls. Condensate/MMCF <u>None</u>	Gravity of Condensate
Testing Method (pitot, back pr.) <u>Back pressure</u>	Tubing Pressure (shut-in) <u>250</u>	Casing Pressure (shut-in) <u>250</u>	Choke Size <u>1/4</u>

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.

James P. Woosley
Operator
(Signature)
(Title)

August 14, 1984
(Date)

9-4-84
APPROVED _____
BY _____
Original Signed by FRANK T. 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.