## 5 OCC 1 AAA 1 File NO OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE 1 TRANSPORTER OPERATOR PRORATION OFFICE AAA Fishing Tool Co., Inc. CON. COM. Box 234, Farmington, N. M. 87401 Reason(s) for filing (Check proper box) DIST Other (Please explain) New Well XX OII Dry Gas Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Mesa Gallup Ind. 14-20-603-Navajo B 583 Location 2310 Feet From The south Line and 330 east Feet From The \_\_\_ Unit Letter Range 184 , NMPM, San Juan Township 32N III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Plateau Inc. Name of Authorized Transporter of Casinghead Gas Box 108 Farmington N 87401 dress (Give address to which approved copy of this form is to be sent) or Dry Gas ivone Is gas actually connected? When Twp. Rge. If well produces oil or liquids, give location of tanks. 32N | 18W 15 No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back New Well Workover Deepen Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 1685 8/15/70 1718' 8/4/70 Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 1640 Depth Casing Shoe 1612 5696' Gr. <u>Gallup</u> Perforations 17171 1612' - 24', 1646' - 50' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 301 5 sx. 8 3/4" 7 5/8<sup>m</sup> 4 1/2" 1717' 125 sx. 6 1/4" 16401 2 3/8" (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks 10/2/70 Pump 10/2/70 Choke Size Tubing Pressure Length of Tes 10 psi 24 hrs. Actual Prod. During Test Gas - MCF Oil - Bbls. TSTM 10 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE UG: 15 1970 APPROVED\_ I hereby certify that the rules and regulations of the Oil Conservation 7 :-- 514 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY Office S LUNDAY SON DIST. #5 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 (). iz. Doga**n** Odemal signed by 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.

(Signature)

(Title)

(Date)

Agent

10/12/70