

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

COPIES RECEIVED			
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

RECEIVED
SEP 23 1985
OIL CON. DIV.
DIST. 3

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

DESCRIPTION OF WELL AND LEASE

Lease Name Navajo AA	Well No. 22	Pool Name, including Formation No. Many Rocks Lower Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. 14-20- 603-585
Location Unit Letter <u>N</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>32N</u> Range <u>17W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Refining Company	Address (Give address to which approved copy of this form is to be sent) Route 3 - Box 7, Gallup, New Mexico 87301					
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)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 17	Twp. 32N	Rge. 17W	Is gas actually connected?	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-26-74	Date Compl. Ready to Prod. 4-10-74	Total Depth 1421	P.B.T.D. 1421					
Elevations (DF, RKB, RT, GR, etc., 5533' GR	Name of Producing Formation Lower Gallup	Top Oil/Gas Pay	Tubing Depth 1418					
Perforations 1409-1419 4 holes (.038) per ft.			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9"	7"	31'	5 sks NS (5.41 c.f.)
6-1/4"	4-1/2"	1434'	33 sks NS (38.61 c.f.)
	2-3/8"	1418'	

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 4-22-74	Date of Test 4-24-74	Producing Method (Flow, pump, gas lift, etc.) Pumping - National Unit	
Length of Test 24 hrs.	Tubing Pressure 30	Casing Pressure 30	Choke Size Open
Actual Prod. During Test 2 bbls	Oil - Bble. 2	Water - Bble. 0	Gas - MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D 9-10-85	Length of Test 24 hrs.	Bble. Condensate/MMCF 32 MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 30	Casing Pressure (Shut-in) 30	Choke Size Open

1. 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.

Shirley J. Johnson
(Signature)

Office Manager

(Title)

9-19-85

(Date)

OIL CONSERVATION COMMISSION

APPROVED

SEP 23 1985

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