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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

BK.

Operator James P. Woosley	
Address Box 1227 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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo	Well No. 14	Pool Name, Including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee Indian	Lease No. 14-20-603-5012
Location				
Unit Letter 0 ; 360 Feet From The South Line and 2310 Feet From The East				
Line of Section 27 Township 32N Range 17W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588 Farmington, New Mexico 87401					
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 0	Sec. 27	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:

IV. 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 11 - 5 - 1975	Date Compl. Ready to Prod. 12 - 17 1975		Total Depth 1710'		P.B.T.D. 1709'			
Elevations (DF, RKB, RT, GR, etc.), 5885 G1	Name of Producing Formation Lower Gallup		Top Oil/Gas Pay 1679		Tubing Depth 1697			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9"	7"		30'		158ks			
6 1/4"	4 1/2"		1709'		25 sks			

V. 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 12 - 18 - 75	Date of Test 12 - 19 - 75	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24	Tubing Pressure 30 lbs.	Casing Pressure TSTM	Choke Size open
Actual Prod. During Test 28.5	Oil-Bbls. 4.5	Water-Bbls. 14	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

James P. Woosley
(Signature)
operator
(Title)
Feb. 2 1975
(Date)
Operator

OIL CONSERVATION COMMISSION

APPROVED **APR 23 1976**, 19_____
BY **Original Signed by A. R. Kendrick**
TITLE **SUPERVISOR DISTRICT**

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.