LY AND MINERALS DEPARTIVIENT -----DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

PROPATION OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS		
James P. Woosley					
Address Post Office Box 1227	, Cortez, Colorado 81321	L			
leason(s) for filing (Check proper bo		Other (Please expla	in)		
Change in Transporter of:					
Recompletion Change in Ownership		ondensate			
	Custingneus Gas Co	ondensate			
change of ownership give name ad address of previous owner					
ESCRIPTION OF WELL AND	Well No.   Pool Name, Includ:	Townston I was a			
Navajo			Federal or Fee Fodoral 1/ 20		
ocation		•	603-5012		
	Feet From The South	Line and /12 Fee	From The West		
Line of Section 27 To	ownship 32N Hange	17W , NMPM,	San Juan County		
ESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL  OF Condensate		h approved copy of this form is to be sent)		
Ciniza Refinery			allup, New Mexico 87301		
ame of Authorized Transporter of Co	asinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)		
well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. Rgo. L 27 32N 17	Is gas actually connected? When			
	ith that from any other lease or po	ool, give commingling order number	or:		
OMPLETION DATA  Designate Type of Completi	on - (X)	Now Well Workover Dec	pen Plug Back   Same Res'v.   Diff. Res'v		
ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Dopth		
erforations			Depth Casing Shoe		
			Septin Stating United		
HOLE SIZE	TUBING, CASING, A	AND CEMENTING RECORD DEPTH SET	SACKS CEMENT		
EST DATA AND REQUEST F	OR ALLOVABLE (Terrore)	a often recovery of secol values of le	ed oil and must be equal to ar exceed top allow-		
IL WELL ate First New Oil Run To Tanks		depth or be for full 24 hours)  Producing Methed (Flow, Manpl	- 90 5 5		
			2 11 A 12 11 11		
ength of Test	Tubing Pressure	Casing Pressure	1 1983		
ctual Prod. During Test	Oil-Bbis.	Woter-Bbls.	N. DW.		
			\$1.3		
AS WELL ctual Prod. Test-MCF/D	Longth of Teat	Bbis. Condensate/MMCF	Gravity of Condoncate		
setting Method (pitot, back pr.)	Tubing Procoure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
ERTIFICATE OF COMPLIANCE		11	OIL CONSERVATION DIVISION 11 1983		
have been complied with	egulations of the Oil Conservation and that the information given best of my knowledge and belief		7		
gre to nev min min to in the			TITLE SUBERVISOR DISTRICT 40		
			This form is to be filed in compliance with RULE 1104.		
(Signa	well shows	well, this form must be acc	If this is a request for allowable for a nowly drilled or deepened well, this form must be accompanied by a tabulation of the deviation		
Oper.	ator 36 55	All sections of this for	tosts taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-		
May 6,	1983	Fill out only Sections	able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner,		
(Dat	(e)	well name or number, or tran	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.

(Date)

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- {	DISTRIBUTION			-	
Í	SANTA FE		POSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-13	
1	FILE	KEQ0231 1	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAI	ISPORT OIL AND NATURAL GA	S	
	LAND OFFICE			,	
	I RANSPORTER OIL			. ,	
	GAS				
	OPERATOR			• • • • • • • • • • • • • • • • • • • •	
1.	PRORATION OFFICE Operator				
-	A.P.A. DEVELOPM	ENT, INC.			
f	Address P. O. Box 215, (	Cortez, CO 81321			
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of: Oil Dry Gas	Change of Opera	ator	
	Recompletion Change in Ownership	Castnahead Gas Condens	F-1		
١	Change in Ownership	Aines 2.			
	If change of ownership give name \\ and address of previous owner \	Voosley Oit Co. RO.	Drawer 1480 Corte	z CO. 81321	
	and address of previous owner				
11.	DESCRIPTION OF WELL AND I	EASE Well No.: Ecol Name, Including Fo	struction   Kind of Lease	Navajo Lease No.	
	Lease Name Navajo	Manage Daylor Tax		114-20-	
	Location	16 Many Rocks Lor		1003 3012	
	1 420	a sur its soulle un	and 712 Feet From Th	. West	
	Unit Letter : 200	O Feet From the DCG FM LINE	1 000 1		
	Line of Section 27 Tow	nship 32 N Range	17 W , NMFM, S	an Juan County	
11.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approve	d copy of this form is to be sent)	
	Name of Authorized Transporter of Oll	or Condensate			
	Name of Authorized Transporter of Cas	c V C	RO. Box 1887 Bloom	d copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	<u>,</u>			
		Unit Sec. Twp. Pge.	Is gus actually connected? When		
	If well produces oil or liquids, give location of tanks.	MI 27 32N 17N	 		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	Col Well Gas Well		Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completio	C1	1 1	1	
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Off/Gas Pay	Tubing Depth	
				Doub Castro Shan	
	Perforations			Depth Castng Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	02.11132.1		
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil as	nd must be equal to or exceed top allou	
٠.	OIL WELL		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	etc.)	
	Date First New Oil Run To Tanks	Date of Test	Producing Mathod (1 10m) pampy and	•	
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	I uptrid Fiese 20		_	
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF	
	Actual Prod. During 142.				
		L			
	GAS WELL		1511.0	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity or Consensate	
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Inblud blessnie ( Spar-10 )			
VI. CERTIFICATE OF COMPLIANCE		CIE	OIL CONSERVATION COMMISSION		
		MAR 1 6 1989			
	e a control constant at an attachment of	regulations of the Oil Conservation	APPROVED	, 19	
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.		BY	1		
	above is true and complete to the	e best of my knowledge and belief.	B	Jum	
	A.P.A. DEVELOPMENT, IN	C., a Colorado corp.	TITLE SUPERVISOR	DISTRICT #3	
	1010		This form is to be filed in c	ompliance with RULE 1104.	
		**	· ·		

(Title)

If this is a request for allowable for a newly drilled or despense 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 allow able 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