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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO THE OIL AND NATURAL GAS

Operator	
Address	
Recompletion (proper box)	
New well	Change in Transporter of:
Recompletion	Oil ☐ Dry Gas ☐
Change in Ownership	Casinghead Gas ☐ Condensate ☐
Name change	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well No.	Blk. Name, including formation	Kind of Lease	Lease No.
Culpepper Martin	14A	Blanco Mesa Verde	State, Federal or Fee Fee
Location			
Unit Letter	P	1160 Feet From The South Line and 990 Feet From The East	
Line of Section	32	Township 32N Range 12W	NMPM, San Juan County

III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering	Box 1899, Bloomfield, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Drill Depth	Date Compl. Entry to Prod.	Total Depth	Perf. Depth					
Flow Rate (B, G, L, etc.)	Name of Producing Formation	Top Oil/Gas Pay	casing Depth					

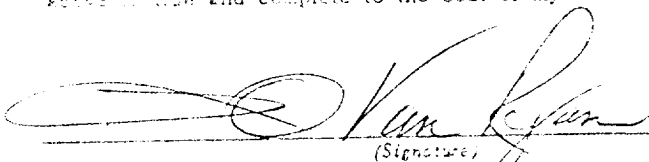
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Test Results (perfor. log, etc.)	Length of Test	Bottom Condensate Prod.	Gravity of Condensate
Testing 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 herein is true and complete to the best of my knowledge and belief.



District Production Manager
(Title)

1-1-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 12 1978, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. 22

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.