

| | | |
|------------------------|-----|---|
| NO. OF COPIES RECEIVED | | 5 |
| DISTRIBUTION | | |
| SANTA FE | | 1 |
| FILE | | 1 |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | 1 |
| | GAS | |
| OPERATOR | | 2 |
| PRORATION OFFICE | | |

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-1
Effective 1-1-65

| | |
|-----------------------------------------|-------------------------------------|
| Operator | |
| Clinton Oil Company | |
| Address | |
| P. O. Box 2434 | |
| Reason(s) for filing (Check proper box) | |
| New Well | <input type="checkbox"/> |
| Recompletion | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> |
| Change in Transporter of: | |
| Oil | <input checked="" type="checkbox"/> |
| Casinghead Gas | <input type="checkbox"/> |
| Dry Gas | <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | | | | | | |
|------------|--------------------|----------|---------------|-------|------------------|---------------|---------------------------|-----------|----------|
| Lease Name | North-east Hogback | Section | 39 | Range | Horseshoe Gallup | Kind of Lease | State, Federal or Federal | Lease No. | NM 04443 |
| Direction | N | 780 | Feet from the | South | 2060 | Feet from the | West | | |
| Section | 11 | Township | 30N | Range | 16W | County | San Juan | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|-----------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------|---------------------|--------|----------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate | Giant Refining, Inc. | Address (Give address to which approved copy of this form is to be sent) | Farmington NM 87401 | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas | | 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 | Sec. | Twp. | Range. | Is gas actually connected? | When |
| | P | 10 | 30N | 16W | NO | |

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 Rest. | Diff. Rest. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevation (D.L., R.R., R.I., G.R., etc.) | Name of Producing Formation | | Top of Oil Column | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

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 | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

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.

Duane L. Kihle
(Signature)
Duane L. Kihle, District Production Clerk
(Title)
12- 10-74
(Date)

OIL CONSERVATION COMMISSION
DEC 13 1974
APPROVED
BY Original Signed by Emory G. Arnold
TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepener 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 multiple completed wells.