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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-110
Effective 1-1-65

APD 30 039-21988

Operator Palmer Oil & Gas Company	
Address P. O. Box 2564, Billings, Montana 59103	
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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Davis	Well No. Pool Name, including Formation 1 Blanco Mesa Verde Ext.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F : 1750 Feet From The North Line and 1800 Feet From The West Line of Section 4 Township 26N Range 2W , NMPM, Rio Arriba County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1526, Salt Lake City UT 84110
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 4 26N 2W Is gas actually connected? When No

If this production is commingled with that from any other lease or pool, give commingling order number:

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil well <input type="checkbox"/> Gas well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>	
Date Spudded 2/1/79	Date Compl. Ready to Prod. 7/28/79	Total Depth 6196'	P.B.T.D. 6146'
Elevations (DF, RAB, PT, CR, etc.) 7289' GL, 7301' KB	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5953'	Tubing Depth 6079'
Perforations 5953, 5960, 5991, 5995, 6004, 6012, 6014, 6023, 6052, 6086, 6088, 6095, 6103, 6116'	Depth Casing Shoe 6200'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	247'	425
8-3/4"	7"	4030'	150
6-1/4"	4-1/2"	6200'	500

III. 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 4538	Length of Test 1 hour	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 1410	Casing Pressure (shut-in) 1412	Choke Size 3/4"

IV. 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.

PALMER OIL & GAS COMPANY

By: Robert D. Ballantyne
(Signature)

Robert D. Ballantyne, Drilling Superintendent
(Title)

August 3, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____ SUPERVISOR OF MINES #3

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 wells.