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SANTA FE			
FILE			V
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
0			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

-	FILE -	REQUEST	AND	ADEL	Effective 1-1-65		
-	U.S.G.S.  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE						
TRANSPORTER GAS							
	OPERATOR						
ı.	PRORATION OFFICE Operator						
	Basin Fuels, Inc.						
	Address	Dia E-minaton M	ou Movic	Mexico 87401 1976			
	152 Petroleum Cent Reason(s) for filing (Check proper box)	er Bldg., Farmington, Ne	Other (Please explain)				
	New Well	Change in Transporter of:			- E. C.		
	Recompletion Change in Ownership	Oil Dry Gas  Casinghead Gas Condens	77		Con Con		
					Maria Comment		
	If change of ownership give name and address of previous owner						
H.	DESCRIPTION OF WELL AND L	EASE		Kind of Lease	Lease No.		
	Lease Name McCollum (re-entry	Well No. Pool Name, including rollings					
	Location (1 C - Citor )						
	Unit Letter P ; 660	Feet From The <u>south</u> Line	and <u>66</u>	O Feet From 7	The East		
	Line of Section 12 Town	nship 20N Range	6W	, ммрм, McKinl	ey County		
		TO OT OU AND MATURAL CAS	<b>c</b>				
II.	DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil	or Condensate	Address   Giv		ped copy of this form is to be sent)		
	Merit Oil Corporat	tion	152 Pet	52 Petroleum Center Bldg, Farmington, N.M.  ddress (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Cast	nghead Gas or Dry Gas					
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actua	lly connected? Whe			
give location of tanks.  P 12 20N 6W no  If this production is commingled with that from any other lease or pool, give commingling order number:					none		
ŧV.	If this production is commingled with COMPLETION DATA			Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completion	. 011	New Well	Wolkove: Beeben			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Re-entry 1-8-76	2-29-76 Name of Producing Formation	Top Oil/Gas	323 Pay	2210 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.) 6751 DF and 6745 GR	Menefee	1	80	2149		
	Perforations	O/91 Dr and O/49 dk   Newscare   Depth Casing					
	2084-2092 fee	et TUBING, CASING, AND	CEMENTIN	G RECORD	2,721		
	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT		
	See original well file 7 7/8	same 41/3	2321		375 sks Poz"A" +5% salt		
	1 1/6	43	2.2.				
			<u> </u>	final values of load oil	and must be equal to or exceed top allow-		
V.	TEST DATA AND REQUEST FO	EST DATA AND REQUEST FOR ALLOWABLE  (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	1	Producing Method (Flow, pump, gas lift, etc.) PUMP			
	2-29-76 Length of Test	3-5-76 Tubing Pressure	Casing Pres		Choke Size		
	24 hours	30 psi	30 Water-Bbls.	) psi	none Gas-MCF		
	Actual Prod. During Test	O::-Bbis.	(		9		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Conde	ensate/MMCF	Gravity of Condensate		
				saure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pres	sure (Bhut-12)	0		
VI	CERTIFICATE OF COMPLIANCE	CE		_	ATION COMMISSION		
	• 1		APPROV	APPROVED APR 19 1976 , 19, 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.			Original Signed by A. R. Kendrick			
				TITLE  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.			
J. D. Hicks (Signature) Agent (Title) 4-16-76			11				
			well, thi				
			All abla an				
			17				
	4-10-(0 (Date)			well name or number, or transporter, or other such change of control Separate Forms C-104 must be filed for each pool in multiply			
			complete	d wells.			

