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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-106
Supersedes Old O-106 10-1-66
Effective 1-1-67

I. Operator COLORADO PLATEAU GEOLOGICAL SERVICES, INC.

Address P. O. BOX 537, FARMINGTON, NEW MEXICO

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain) CHANGE OF GENERAL PARTNER

If change of ownership give name and address of previous owner Henry S. Birdseye - P. O. Box 8294, Albuquerque, New Mexico 87106

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Blackeye (S.F.P.R.R.)</u>	<u>1</u>	<u>undesignated Dakota</u>	<u>State, Federal or Fee</u>	<u>Fee</u>

Location

Unit Letter M : 990 Feet From The South Line and 990 Feet From The West

Line of Section 29 Township 20N Range 9W , NMPM, McKinley County

III. DESIGNATION 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)
<u>Plateau, Inc.</u>	<u>P.O. Box 108, Farmington, New Mexico 87401</u>
Name of Authorized Transporter of Casinghead Gas ☐ 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.	Rge.	Is gas actually connected?	When
	<u>M</u>	<u>29</u>	<u>20N</u>	<u>9W</u>	<u>No (used for fuel)</u>	

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 Resv.	Conn. Resv.
☒								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and water equal to or exceed top 100 ft. 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 (piston, back pr.)	Tubing Pressure (Chart-in)	Casing Pressure (Chart-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.

Emery C. Arnold
(Signature)
President, Colorado Plateau Geological Services
(Title)

August 15, 1972
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 30 1972
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1.
If this is a request for Allowable for a well in the Oil Conservation Commission, this form must be accompanied by a copy of the test taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections II, III, IV, and VI for changes of well name or number, or transporter, or other such change of data.