

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-110
Effective 1-1-65

Operator Basin Fuels, Inc.	
Address 152 Petroleum Center Building, Farmington, NM 87401	
Reason(s) for filing (check proper box) (Other, please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Star	Well No. 1	Pool Name, including Formation Wildcat	Kind of Lease State, Federal or Fee Federal	Lease No. 0555838-A
Location Unit Letter M 660 Feet From The South Line and 660 Feet From The West Line of Section 7 Township 20N Range 5W NMEN McKinley 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 Corporation	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 type="checkbox"/> None	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 M	Sec. 7	Twp. 20N	Range 5W	Is gas naturally compressed? No	When Unknown

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

V. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Salinity <input type="checkbox"/>	Diff. Pres. <input type="checkbox"/>
Date Spudded 3-24-75	Date Compl. Ready to Prod. 5-15-75		Total Depth 2885		P.B.T.D. 2180			
Elevations (DI, RAB, RI, GR, etc.) 6740 K.B.	Name of Producing Formation Menefee		Top Oil/Gas Pay 1832		Tubing Depth 2157			
Perforations 1980-86, 2055-65 & 2114-20					Depth Casing Shoe 2883			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/8	CASING & TUBING SIZE 8 5/8		DEPTH SET 95		SACKS CEMENT 65 sk. Class A-Circ.			
7 7/8	4 1/2		2883		400 sks. Poz A & 6% Salt			

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)

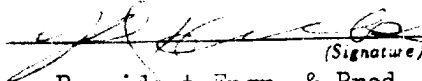
Date First New Oil Ran To Tanks 5-15-75	Date of Test 5-24-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 40	Casing Pressure 40	Choke Size None
Actual Prod. During Test 36	Oil - Bbls. 15	Water - Bbls. 21	Gas - MCF 53

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.


(Signature) J. D. Hicks
President-Engr. & Prod. Service, Inc.
(Title)
5-29-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 29 1975

BY Original Signed by A. R. Kendrick
TITLE PETROLEUM ENGINEER DIST. NO. 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 Forms C-104 must be filed for each pool in multiply completed wells.

