

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION 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
B.R.

Operator Fairfax Exploration, Inc.	
Address 301-B Graceland S.E., Albuquerque, N.M. 87108	
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 _____

DESCRIPTION OF WELL AND LEASE				
Lease Name Bullseye	Well No. 7	Pool Name, including Formation Marcelina Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>D</u> : <u>330</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>North</u>				
Line of Section <u>19</u> Township <u>16 N</u> Range <u>9 W</u> , NMPM, <u>McKinley</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent, P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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
	D 19 16 N 9 W

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

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"/> Same Rest'v. <input type="checkbox"/> Diff. Rest'v. <input type="checkbox"/>		
Date Spudded March 16, 1977	Date Compl. Ready to Prod. Dec. 31, 1977	Total Depth 1774'	P.B.T.D. Same
Elevations (DF, RKB, RT, GR, etc.) 7187'	Name of Producing Formation Dakota "A"	Top Oil/Gas Pay 1749'	Tubing Depth 1772'
Perforations Open hole completion		Depth Casing Shoe 1746'	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	10 1/2"	60'	30
7 7/8"	5 1/2"	1746'	130
	2 3/8" Tubing	1772'	

TEST 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 Dec. 31, 1977	Date of Test Jan. 4-7, 1978	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 72 Hrs.	Tubing Pressure 0	Casing Pressure 125#	Choke Size Open
Actual Prod. During Test 123 Bbl. 46 Grav. Oil	Oil-Bbls. 123 (41 BOPD)	Water-Bbls. 189 (63 BWPD)	Gas-MCF 12.3 Est. (4.1 MCFPD)

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

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]
President
(Title)
January 16, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED 1978
Original Signed by A. R. Kendrick 19
BY _____
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 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.