

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

B.K.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Zenith Energy Corporation

Address
P.O. Box 1038 Kilgore, Texas 75662

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name SFPRR	Well No. 25	Lease Name, Including Formation Miguel Creek Gallup Hospah	Kind of Lease State, Federal or Fee State	Lease No. 0-9725
Location				
Unit Letter A : 330' Feet From The North Line and 330' Feet From The East				
Line of Section 29 Township 16N Range 6W , NMPM, 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"/> Giant Refiners	Address (Give address to which approved copy of this form is to be sent) 1615 Glenarain Place, Suite 1230 Denver Col. 80202	
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 A	Sec. 29
	Twp. 16N	Rge. 6W
Is gas actually connected?		When

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 checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-11-80	Date Compl. Ready to Prod. 8-30-80		Total Depth 775'		P.B.T.D. 771'			
Elevations (DF, RKB, RT, CR, etc.) 6429 GL	Name of Producing Formation Hospah		Top Oil/Gas Pay 750		Tubing Depth 741			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7 7/8"	4 1/2" 11.0#	775'	175 sacks
4 1/2"	2 3/8"	741'	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-30-80	Date of Test 9-2-80	Producing Method (Flow, pump, gas lift, etc.) Pump to test tank	
Length of Test 24	Tubing Pressure 0	Casing Pressure 0	Choke Size Full
Actual Prod. During Test 17	Oil-Bbls. 13	Water-Bbls. 4	Gas-MCF -

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Dary Blanks
(Signature)

Representative

9-5-80

(Title)

(Date)

OIL CONSERVATION DIVISION

OCT 9 1980

APPROVED _____, 19____

BY **Original Signed by FRANK T. CHAVEZ**
SUPERVISOR DISTRICT #3

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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.