

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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

Operator

Address

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous ownerRED MOUNTAIN ASSOCS. 2626 HOLLY ST. DENVER, CO.
80207

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE	Well No. 7	Pool Name, Including Formation CHACO WASH M/V	Kind of Lease State, Federal or Fee STATE	Lease No. LG-277
Location				
Unit Letter A	: 660	Feet From The NORTH	Line and 990	Feet From The EAST
Line of Section 28	Township 20 NORTH	Range 9 WEST	NMPM, MCKINLEY County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PLATEAU	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 108 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 A	Sec. 28	Twp. 20N	Rge. 9W	Is gas actually connected? NO	When TSTN

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 Res'v.	Diff. Res'v.
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		SACKS CEMENT			

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 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

J. M. Saw
(Signature)
PETROLEUM ENGINEER
(Title)
10-5-83
(Date)

OIL CONSERVATION DIVISION

DEC 05 1983

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 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.

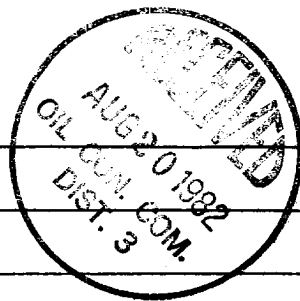
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator RED MOUNTAIN ASSOCIATES

Address 1517 REISTERSTOWN ROAD, SUITE #201, BALTIMORE, MARYLAND 21208

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE	Well No. 7	Pool Name, Including Formation CHACO WASH MU	Kind of Lease State, Federal or Fee STATE	Lease No. LG 2779
Location Unit Letter A : 660 Feet From The N Line and 990 Feet From The E				
Line of Section 28 Township 20N Range 9W, NMPM, MCKINLEY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PLATEAU, INC.	Address (Give address to which approved copy of this form is to be sent) 4775 Indian School Rd. Albuquerque, N.M. 87110	
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. 28
	Twp. 20N	Rge. 9W
	Is gas actually connected? NO	
	When	

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 Res'v.	Diff. Res'
Date Spudded 8/26/80	Date Compl. Ready to Prod. 11/20/80	Total Depth 555	P.B.T.D. 555					
Elevations (D.F., RKB, RT, GR, etc., 6421 GL	Name of Producing Formation MENESEE	Top Oil/Gas Pay 300	Tubing Depth 545					
Perforations 286-509	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 6 3/4"	CASING & TUBING SIZE 4 1/2" & 3 3/8"	DEPTH SET 555	SACKS CEMENT 80					
	2 3/8"	545						

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 allc
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1/17/81	Date of Test 1/20/81	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 10 DAYS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 42	Oil - Bbls. 2	Water - Bbls. 40	Gas - MCF -0-

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

VI. 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.

Stephen F. Meszaros

General Partner

8/13/82

(Date)

OIL CONSERVATION DIVISION

APPROVED

OCT 20 1983

BY

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
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tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo
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