ENERGY AND MINERALS DEPARTMENT

48. BF EPPIED SEC	E1460		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	l	
	GAS		
OPERATOR			
DECCATION OF			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

1.	OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE OPERATOR						
	Address GEC FOIL	GINERUNG INC					
		Nolithory ST, S	UITE 107 S	ANTA	FEN	11/5	757/
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please	explain)			
	Recompletion	OII Dry Go					
	Change in Ownership	Casinghead Gas Conde	nsate 🔲		_		
	If change of ownership give name and address of previous owner	CED MUUNTHIN ASS	ocs. 2626/4	0145	n De	VUER	COL.
u.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F				0207	
	Lease Name	7 CHACO WA	1 : 1	Kind of Lease State, Federal	<i>,</i>	777=	Lease No.
	Location Unit Letter 7 : 66:	Feet From The No. 12714 Lin		Feet From T		57	
	Line of Section 25 To	waship 20 N/CV714 Range 9	WIEST, NMPM,		14/5/6	NL-Y	County
m.		TER OF OIL AND NATURAL GA					
	Name of Authorized Transporter of Oil	•	Address (Give address to		•••	. •	•
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	PUBOX 108 F Address (Give address to	which approv	ed copy of thi	is form is to b	e sent)
	NONE						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	7 Whe	n		
	give location of tanks.	1 17 128 120N19N	mine completelles and a	7 Kof :			
	COMPLETION DATA	th that from any other lease or pool,					
	Designate Type of Completic	on - (X)	New Well Workover	Deepen !	Plug Back	'Same Res'v. !	Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u> </u>	1
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Dept	h	
	Perforations		1		Depth Casin	g Shoe	·
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SA	CKS CEMEN	47
V.	TEST DATA AND REQUEST FOOLL WELL Date First New Oil Run To Tanks		fter recovery of total volume pth or be for full 24 hours) Producing Method (Flow,			ual to or exc	sed top allow-
- 1					·		
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	MET	
ļ	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	D)	Dad - MCF		
			<u> </u>	15		-	
	GAS WELL	•		F 62	0014	٠٠٠ ل <u>منابعات</u>	
	Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF		Charita of C	ondensate	
	Testing Method (pitos, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-1	a)	Choke Size		
vi.	CERTIFICATE OF COMPLIANC	Œ	OIL COI	NSERVATI	on divis 0 5 1983	ION	
			APPROVED	UEG	05 198	3	
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.			Original Signed by FRANK T. CHAVEZ				
			TITLE SUPERVISOR DISTRICT # 3				
			This form is to b	e filed in co	ompliance w	ith RULE 1	104.
-11 Jaw			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				
_	(Signature) PETROCECIUS ENG-INEER		tests taken on the we	li in accord	ance with A	ULE 111.	
-	PEIKO (EUV)	IO)	All sections of the	is form mus mpleted wei	t be filled or is.	ut completei	y for allow-
	10-5-8	3	Fill out only Sec	tions I. II.	III. and VI	for change	s of owner,
-	(Da	(e)	weil name or number,	r transporte	n or other su	ch change o	a condition.

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



DISTRIBUTION BANTA FE FILE U.S.G.S. LAND OFFICE GAS DPERATOR PRORATION OFFICE

· OIL CONSERVATION DIVISION SANTA F

DISTRIBUTION	SANTA FE, NEW	,				
FILE	380177.12,000					
AND OFFICE	DEDUETT FOR	ALLOWADIE				
RANSPORTER DIL	REQUEST FOR ALLOWABLE					
PERATOR	AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS	(9, 74, W/JA)			
PORATION OFFICE			9 9 3			
RED MOUNTAIN A	SSOCIATES					
ddress	TOWN ROAD, SUITE #201, BALT	TIMORE. MARYLAND 21208	Some !			
eason(s) for filing (Check proper bo		Other (Please explain)				
ew Well	Change in Transporter of:					
ecompletion	OII Dry Gas	7				
hange in Ownership	Casinghead Gas Condens	sate	•			
change of ownership give name			·			
d address of previous owner						
ESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lea	Legse No.			
ease Name STATE	7 CHACO WASH	State, Fede	eral or Fee STATE 1 C 2779			
ocation	· CHACO WASH -					
	60 Feet From The N Line	and 990 Feet From	n The			
 -			County			
Line of Section 28 T	ownship 20N Range	9W , NMPM, MG	KINLEY			
DETENATION OF TRANSPO	RTER OF OIL AND NATURAL GA	s				
ame of Authorized Transporter of C	OII XX or Condensate	Aidress (Give address to which app	roved copy of this form is to be sent)			
PLATEAU, INC.		4775 Indian School Rd.	Albuquerque N.M. 87110- roved copy of this folm is to be sent;			
ame of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which app	roved copy by this joint is to be sent,			
	Unit Sec. Twp. Rge.	is gas actually connected?	When			
f well produces oil or liquids, rive location of tanks.	A 28 20N 9W	NO !				
	with that from any other lease or pool,	give commingling order number:				
OMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res			
Designate Type of Complete						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
8/26/80	11/20/80	555	555			
levations (D.F., RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
6421 GL	MENEFEE	300	545 Depth Casing Shoe			
286-509						
	TUBING, CASING, AND	CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
6 3/4"	41/311 & 3/811	555	80			
	23/8	34.5				
		1				
EST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load of	oil and must be equal to or exceed top al			
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas				
Oate First New Oil Run To Tanks 1/17/81	Date of Test 1/20/81	PUMP				
	Tubing Presewe	Casing Pressure	Choke Size			
Length of Test 10 DAYS			2			
Actual Pred. During Test	Oil-Bbla.	Water - Bbis.	Gas-MCF -0-			
42	2	1 40				
Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Verlant Lines 1441- WOLLD			Chake State			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-is)	Choke Size			
		O" CONSCO.	ATION DIVISION			
CERTIFICATE OF COMPLIA	INCE	OIL CONSERVATION DIVISION				
	talle of Committee	APPROVED	<u> ZT 20 1983 .</u>			
hereby certify that the rules-ar	nd regulations of the Oil Conservation with and, that the information given	\mathbb{I} X				
bove is true and complete to	the best of my knowledge and belief.	BY				
		TITLE				
		This form is to be filed in compliance with RULE 1104.				
Stepben F Me	szaros	If this is a request for a	llowable for a newly drilled or deeps mospled by a tabulation of the devis			
- () (S	ignature	li tests taken on the Well in ac	CCOLdauca Mitty More 1111			
General Partn	er /	All sections of this form	must be filled out completely for all			
		II . II	4 77 7 4 4 7 7			

Stephen F Meszaros
Stephen F Meszaros (Signature) General Partner
8/13/82

(Date)

Fill out only Sections I. II, III, and VI for changes of owner well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multip

completed wells.