STATE OF THEW MEXICO PERFORMENT

State Annual Saturation		
	. 1 . 4 .	
DISTRIBUTION		
SANTA FE		
FILE		
U.B.41.B.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		

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

Form G-104 Revised 10-1-78

B.K.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Operation OPPICE	,		***************************************				
Zenith Energy Corp)•						
Box 1038 Kilgore		5662	10th - (81				
Reason(s) for filing (Check proper box, New Well	/ Change in Tra	nsporter of:	Other (Please	explain)			
Recompletion	Oil	Dry Go	· 🔲				
Change in Ownership	Casingheod G	Conde	nagte				
If change of ownership give name and address of previous owner		······					
DESCRIPTION OF WELL AND	LEASE.	l Name, Including F	ormation ()	Kind of Lease		Lease No.	
SFPRR	1 1	allup-Hosi	nigaillineun	State, Federa	lor Fee Fee	0-9725	
Location		Court's	770		Post		
Unit Letter P : 990	Feet From Th	• <u>South</u> Lin Range 6V		McKin	_{rh.} <u>East</u> ley	County	
Line of Section 20 Tow	мвир дол	Nuilde C.	, IMPM			County	
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Conder		Address (Give address to 1616 Glenarm	o which approv	ved copy of this form is suite 1230	to be sent)	
Giant Refining Con Name of Authorized Transporter of Cas	IDANY	or Dry Gas	Denver Col	80202		to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas actually connecte	id? Whe	en .		
If this production is commingled wit			give commingling order	number:			
COMPLETION DATA	Oil We		New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.	
Designate Type of Completio	n = (X)		X	! 	! ! !		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth 7651		P.B.T.D. 765*		
9-19-80 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay		Tubing Depth		
6416	Hospah		7401		7]01 Depth Casing Shoe		
Perforations					7401		
open hole	TUBI	NG, CASING, AND	CEMENTING RECOR	D			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		160 sks		
7 7/8	4 1/2 (740! 710!		100		
1 -/ -					1		
TEST DATA AND REQUEST FO	OR ALLOWABLE	Test must be a able for this de	fter recovery of total voluments for be for full 24 hours)		est de de depail pur	
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow	, pump, gas lif	". erc.) NOV	181980	
11-8-80 Length of Test	11-8-80		Casing Pressure		Choke StaDIL CO		
24 hr.			Vac		fully DIST. 3		
Actual Prod. During Test	Oil-Bbls.		Water - Bbie.		Gas-MCF		
17.77	12.77		<u> </u>				
gas well	T		Bbls. Condensate/MMCF		Gravity of Condensate	<u></u>	
Actual Prod. Test-MCF/D	Length of Test						
Testing Method (pitot, back pr.)	Tubing Pressure (8	hut-is)	Casing Pressure (Shut-		Choke Size		
CERTIFICATE OF COMPLIANC	E		OIL CO	ONSERVAT	ION DIVISION	,	
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.		APPROVED NOV 18 1980					
		BY Original Signed by CHARLES CHOLSON					
		TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3					
	4		This form is to	be filed in c	compliance with RUL	E 1104.	
Day Blanks		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation					
(Signature)		il tests taken on the well in accordance with NULE !!!					
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.					
10-15-80		Fill out only Sections 1, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.					
(Do	ie)		Separate Forms	C-104 must	be filed for each p	ool in multiply	
		i	to combined mails.				