

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

NO. OF THIS REQUEST	
DISTRIBUTION	
SANTA FE	
FILE	
UNIT	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CAPITAL OIL & GAS CORPORATION

Address P. O. BOX 2130 KILGORE, TEXAS 75662

Reason(s) for filing (check proper box):
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain):

If change of ownership give name and address of previous owner:

DESCRIPTION OF WELL AND LEASE

Lease Name S.F.P.R.R.	Well No. 31	Pool Name, including formation Miguel Creek - Gallup	Kind of Lease State, Federal or Fee	Fee	Lease No. 09725
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Location
Unit Letter D : 330 Feet From The North Line and 330 Feet From The West
Line of Section 28 Township 16N Range 6W NMPM, McKinley County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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? No	When
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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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Result	DIFF. Result
Time Spent	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.F., R.R., K.F., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Well Closures			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.	

RECEIVED
AUG 22 1983

GAS WELL

Actual Prod. Test - ACF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back prod.)	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.

Barry Blum
(Signature)
Vice President
(Title)
9/1/83
(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank J. O'Connell*, 1983
BY
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.