

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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 <u>Zenith Energy Corporation</u>	
Address <u>Box 1038 Kilgore, Texas 75662</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SFPRR</u>	Well No. <u>33</u>	Pool Name, including Formation <u>Might Creek</u> <u>Gallup-Hospah</u>	Kind of Lease State, Federal or Free <u>Fee</u>	Lease No. <u>0-9721</u>
Location Unit Letter <u>B</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>2418</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>16N</u> Range <u>6W</u> , NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Giant Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>1616 Glenarm Place, Suite 1230 Denver,</u>	
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 <u>A</u>	Sec. <u>29</u>
	Twp. <u>16N</u>	Rge. <u>6W</u>
	Is gas actually connected? <u>No</u>	
	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded <u>9-30-80</u>	Date Compl. Ready to Prod. <u>10-24-80</u>		Total Depth <u>762'</u>		P.B.T.D. <u>760'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6421' Gr.</u>	Name of Producing Formation <u>Hospah</u>		Top Oil/Gas Pay <u>730'</u>		Tubing Depth <u>714'</u>			
Perforations <u>728'-734', 750'-760'</u>					Depth Casing Shoe <u>760'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>760'</u>
<u>4 1/2"</u>	<u>2 3/8"</u>	<u>714'</u>

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 <u>11-13-80</u>	Date of Test <u>11-14-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pump</u>	
Length of Test <u>24 hr</u>	Tubing Pressure <u>---</u>	Casing Pressure <u>vac</u>	Choke Size <u>full</u>
Actual Prod. During Test <u>8 bbl.</u>	Oil-Bbls. <u>5</u>	Water-Bbls. <u>3</u>	Gas-MCF <u>---</u>

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.

Mary L. Blanks  
(Signature)

Rep  
(Title)

11-15-80  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 18 1980, 19

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 deviated 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 multiphase completed wells.