

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

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).		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐		
Recompletion ☐			
Change in Ownership ☐			

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. 33	Pool Name, including Formation Miguel Creek - Gallup	Kind of Lease State, Federal or Fee Fee	Lease No. 09725
Location				
Unit Letter B	990	Feet From The North	Line and 2418	Feet From The East
Line of Section 29	Township 16N	Range 6W	NMPA, McKinley	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
GIANT REFINING COMPANY	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)

Well produces oil or gas, use for oil or gas	Unit A	Sec. 29	Twp. 16N	Range 6W	Is gas actually connected? No	When
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Does 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 ☐ Change Tests ☐ Little Rekey ☐
Is cased	Is cased, ready to Prod.
Total Depth	P.D.T.D.
Sections (H, R, B, L, G, R, etc.)	Name of Producing Formation
Top Oil/Gas Pay	Tubing Depth
Depth Casing Shoe	

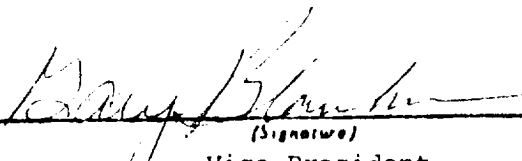
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

First Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL	Length of Test	Dbls. Condensate/MMCF	Gravity of Condensate
Prod. Prod. Test - MCF/D			
Casing Method (pump, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.


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

OIL CONSERVATION DIVISION	
APPROVED	19
BY	
TITLE	SUPERVISOR DISTRICT NO. 2
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.	