

MINIMUM	
DATE	
PH	
U.S.N.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRINCE OF WALES	
Exported	

P. O. BOX 1038

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Capital Oil & Gas Corporation

Address

P. O. Box 1038, Kilgore, Texas 75662

Reason(s) for filing (Check proper box)

New Well

☐

Recompletion

☐

Change in Ownership

☒

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

Zenith Energy, P. O. Box 1038, Kilgore, Texas 75662

DESCRIPTION OF WELL AND LEASE

Lease Name	S.F.P.R.R.	Well No.	35	Pool Name, including Formation	Gallup-Miguel Creek	Kind of Lease	State, Federal or Fee	Fee	Lease No.	09725
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Location

Unit Letter B : 330 Feet From The North Line and 2310 Feet From The EastLine of Section 29 Township 16N Range 6W , NMPM, McKinley

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)

C.R.

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

Sec.

Twp.

Rge.

Is gas actually connected?

When

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 Res'v.

Diff. Ho

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, NKB, RT, GR, etc.,)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

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 all
able 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.

Gas - MCF

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

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.

OIL CONSERVATION DIVISION

APPROVED

BY

SUPERVISOR DISTRICT #3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multip
compleated wells.