

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator ENERDYNE CORPORATION		Well API No.
Address P. O. BOX 502, ALBUQUERQUE, NEW MEXICO 87103		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: ☐ Other (Please explain) ☐ Recompletion ☐ Oil ☒ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE	Well No. 24	Basin Name, including Formation CHACO WASH-MV	Kind of Lease State Federal or Fee	Lease No. LG2779
Location Unit Letter B : 660 Feet From The NORTH End 2310 Feet From The EAST Line Section 28 Township 20 NORTH Range 9 WEST NMPM MCKINLEY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ GIANT REFINING CO.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 256, FARMINGTON, N.M.					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ NA	Address (Give address to which approved copy of this form is to be sent) 87499					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 28	Trp. 20N	Range 9W	Is gas actually compressed? NONE	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rev	Diff Rev
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DF, RKB, ET, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Productions					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 density for full 24 hours)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Class
Length of Test	Tubing Pressure	Casing Pressure	NOV 19 1991
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	OIL CON. DIV DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (wire, back pr.)	Tubing Pressure (Start-in)	Casing Pressure (Start-in)	Choke Size

VI. OPERATOR 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 Don L. Hanosh
DON L. HANOSH
PRESIDENT
Printed Name 10-25-91 291-9502
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 19 1991
By Barry Sherry
SUPERVISOR DISTRICT #3
Title _____

- INSTRUCTIONS: This form is to be filed in accordance with Rule 1104
- Request for allowable for newly drilled or deep with Rule 111.
 - All sections of this form must be filled out for a well must be accompanied by tabulation of deviation tests taken in accordance
 - Fill out only Sections I, II, III, and VI for change in name or number, transporter, or other such changes.
 - Separate Form C-104 must be filed for each multiply completed wells.

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