

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
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LAND OFFICE	
TRANSPORTER	
OIL	
NAT.	
OPERATOR	
PERMITS OFFICE	

Operator
Capital Oil & Gas CorporationAddress
P.O. Box 1038 Kilgore, Texas 75662

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter oil	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
S.F.P.R.R.	46	Miguel Creek Gallup	State, Federal or Fee Fee	0-9725
Location				
Unit Letter	E	1650 Feet From The North Line and 330 Feet From The East		
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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Inland Corporation	P.O. Box 1528, Farmington, New Mexico 87401
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 Sec. Twp. Rge. Is gas actually connected? When
	A 29 16N 6W No

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	Some Res'v.	Diff. It.
	XX							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-8-81	8-31-81	782'	780'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GR 6428'	Hospah-Gallup	742'	735'					
Perforations	Depth Casing Shoe							
743' - 749'	780'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7 7/8"	5 1/2"	780'	125 sx
	2 3/8"	735'	

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.)	
10-18-81	11-6-81	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	--	--	Full
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Surf. MCF
19	6	13	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Surf. MCF
Testing Method (pitot, 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.


(Signature)

Representative

(Title)

11-10-81

(Date)

OIL CONSERVATION DIVISION

NOV 12 1981

APPROVED _____, 19__

BY Original Signed by FRANK T. CHAVEZ

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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.