

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
FEB 22 1983
OIL CON. DIV.
DIST. 3

NO. OF APPROVED OPERATIONS	
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OPERATION	
PRODUCTION OFFICE	
OPERATION	

Capital Oil & Gas Corporation

Address
P.O. Box 2130, Kilgore, Texas 75662

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 checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Coastinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

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. 44	Pool Name, including Formation Miguel Creek Gallup	Kind of Lease State, Federal or Fee Fee	Lease No. 0-9725
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>16N</u> Range <u>6W</u> , 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"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Farmington, New Mexico 87401
Name of Authorized Transporter of Coastinghead 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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 5-28-81	Date Compl. Ready to Prod. 10-4-81	Total Depth 748'	P.B.T.D. 748'					
Elevations (DF, RAB, RT, GR, etc.) 6420' GL	Name of Producing Formation Hospah-Gallup	Top Oil/Gas Pay 734'	Tubing Depth 720'					
Perforations 734'-744'	Depth Casing Shoe 748'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7-7/8"	4-1/2"	748'	150 sx
4-1/2"	2-3/8"	720'	-

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 2-14-83	Date of Test 2-14-83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 30 psi	Casing Pressure 70 psi	Choke Size 32/64"
Actual Prod. During Test 13	Oil - Bbls. 2	Water - Bbls. 11	Gas - MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D TSTM	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.

Barry Blank
(Signature)
VICE PRESIDENT
(Title)
2/16/83
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 22 1983, 19
Original Signed By FRANK T. CHAVEZ
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 deepened well, this form must be accompanied by a tabulation of the deviator 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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 15 1988

I. Operator
BACA PETROLEUM CORP.

Address
1099 - 18th Street, Ste. 2950, Denver, CO 80202

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
CHANGE OF OPERATOR

If change of ownership give name and address of previous owner
CAPITAL OIL & GAS CORPORATION, P. O. Box 2130, Kilgore, TX 75662

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.F.P.R.R.	Well No. 44	Pool Name, Including Formation Miguel Creek-Gallup	Kind of Lease State, Federal or Fee	Fee	Lease No. 09725
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WEST</u> <u>EAST</u>					
Line of Section <u>29</u> Township <u>16 North</u> Range <u>6 West</u> . NMPM, <u>McKinley</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) Bloomfield, New Mexico 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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? <input type="checkbox"/> When

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Ralph R. Wilkerson
(Signature)
RALPH R. WILKERSON VICE PRES.-PRODUCTION
(Title)
MARCH 7, 1988
(Date)

OIL CONSERVATION DIVISION
MAR 15 1988

APPROVED _____ 19 _____
BY Barry Chang
TITLE SUPERVISION DISTRICT #3

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