

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRICT	
SANTA FE	
FILE	
U.S.D.C.	
LAND OFFICE	
TRANSPORTER	
UNIT	
GAS	
OPERATOR	
PRORATION OFFICE	

Operator

Capital Oil & Gas Corporation

Address

P.O. Box 1038, Kilgore, Texas 75662

Reason(s) for filing (check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☒

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

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. 54	Pool Name, including Formation Miguel Creek Gallup	Kind of Lease State, Federal or Fee	Fee	Lease 0-9725
Location					
Unit Letter <u>K</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u>					
Line of Section <u>21</u> Township <u>16N</u> Range <u>6W</u> , <u>NMPM</u> , <u>McKinley</u> Cour					

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
	L	21	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	Same Res't.	Diff. R
	XX							
Date Spudded 7-27-81	Date Compl. Ready to Prod. 7-29-81		Total Depth 955'		P.B.T.D. 955'			
Elevations (DF, HKB, RT, GR, etc.) 6408 GR	Name of Producing Formation Hospah-Gallup		Top Oil/Gas Pay 910		Tubing Depth 910			
Perforations 920 - 924, 926 - 930					Depth Casing Shoe 955'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7 7/8"	5 1/2"	955'	155 sx
	2 3/8"	910'	

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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-20-81	Date of Test 11-8-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr	Tubing Pressure --	Casing Pressure --	Choke Size Full
Actual Prod. During Test 16	Oil - Bbls. 12	Water - Bbls. 4	Gas - MCF --

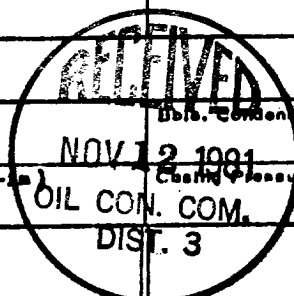
GAS WELL

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.

Rory Blank
(Signature)
Rep.
(Title)
11-10-81
(Date)



OIL CONSERVATION DIVISION

APPROVED NOV 12 1981, 19BY Original Signed by FRANK T. CHAVEZSUPERVISOR DISTRICT 1

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 deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all 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 condit

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