

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

3.c.

CO. OF COPIES RECEIVED	
DISTRICT	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL 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. 47	Pool Name, including Formation Miguel Creek Gallup	Kind of Lease State, Federal or Fee	Fee	Lease 0-9725
Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>16N</u> Range <u>6W</u> , NMPM, McKinley Cou.					

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 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 L	Sec. 21	Twp. 16N	Rge. 6W	Is gas actually connected? No	When
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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. R.
	XX							
Date Spudded 7-6-81	Date Compl. Ready to Prod. 9-11-81	Total Depth 865'	P.B.T.D. 865'					
Elevations (DF, RKB, RT, GR, etc.) 6477 GR	Name of Producing Formation Hospah-Gallup	Top Oil/Gas Pay 840'	Tubing Depth 820'					
Perforations 842' - 852'	Depth Casing Shoe 865'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7 7/8"	5 1/2"	865'	125 sx
	2 3/8"	820'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top 6
OIL WELL, able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-14-81	Date of Test 11-4-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr	Tubing Pressure ---	Casing Pressure ---	Choke Size Full
Actual Prod. During Test 17	Oil - Bbls. 9	Water - Bbls. 8	Gas - MCF ---

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	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.

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

Representative

(Signature)

(Title)

(Date)

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 device
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 our
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.