



L-16-16N-663

Capital Oil and Gas Corporation

214 - 983-2081

February 23, 1983

214 - 983-2082

Oil Conservation Commission
1000 Rio Brazos Road
Aztec, New Mexico 87410

Re: Miguel Creek Gallup
State Lease No. L-6469
Well No. 7

CABLE DEPTH

SLANT ANGLE

500.00

0.55

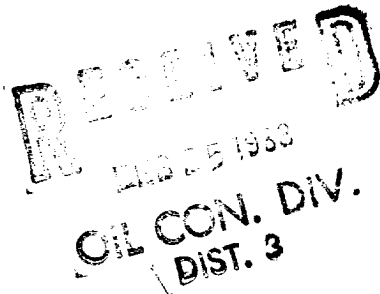
1227.00

0.90

SUBSCRIBED AND SWORN TO BEFORE ME on the 23rd day of
February, 1983.

Jean Houston
NOTARY PUBLIC in and for the
State of T E X A S

JEAN HOUSTON
NOTARY PUBLIC in and for THE STATE OF TEXAS
MY COMMISSION EXPIRES JULY 21, 1985



Post Office Box 2130 Suite 202, Pioneer Building Kilgore, Texas 75662

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
NOV 05 1987
OIL CON. DIV.
DIST. 3

I. Operator Baca Petroleum Corp.	
Address 1099 18th Street - 2950, Denver CO 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <i>Operator name change only</i>

If change of ownership give name and address of previous owner: Capital Oil & Gas Corp., PO Box 1038, Kilgore TX

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 7	Pool Name, including Formation X. Miguel Creek, Gallup	Kind of Lease State, Federal or Fee State	Lease No. L-6469
Location Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West Line of Section 16 Township 16N Range 6W, NMPM, McKinley 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"/> Caljet, Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 752, Bakersfield CA 93302
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. D 16 16N 6W
Is gas actually connected?	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. Wilkers
Ralph R. Wilkers (Signature)
Vice-President, Production
(Title)
11/2/87
(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank J. Gave* NOV 05 1987
BY
TITLE SUPERVISOR DISTRICT 3

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 deviation 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. 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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	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