OIL CONSERVATION DIVISION

DISTRIBUTION				1
				1
SANTA FE	+-	+	1	
FILE	_	†	1	
U.S.G.S.		 	1-	١.
LAND OFFICE		1	 	ı
TRANSPORTER	OIL	1—		
	GAS			
OPERATOR		1		
PRORATION OFFICE				
				_

9-29-82

(Date)

SANTA FE	4	P. O. BOX 2088	•			
FILE U.S.G.S.	SANTA F	E, NEW MEXICO 87501				
LAND OFFICE	PEOU	lett con				
TRANSPORTER DIL GAS OPERATOR		REQUEST FOR ALLOWABLE CORRECTED C-104.				
PRORATION OFFICE Operator	AUTHORIZATION TO	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
· ·	ion Exploration Company					
P.O. Box 217						
Reason(s) for filing (Check pri	79 Farmington, NM 87401	The same of the sa				
New Well	Change in Transporter of	Other (Please exp	plain)			
Recompletion Change in Ownership		Dry Gas as.	• •			
	Casinghead Gas	Condensale				
If change of ownership give and address of previous own	name er					
DESCRIPTION OF WELL	AND LEASE					
Yarbourgh Federal	Well No. Pool Name, Inc.		d of Lease			
Location	B 1 Wildcat	Gallup State	e, Federal or Fee Federal	Lease No		
Unit Letter D ;	660 Feet From The North		Tederal.	NM28737		
Line of Section 10	Township 2.0M		et From The West			
	- Jan Han	, NMPM,	Río Arriba	County		
DESIGNATION OF TRANS Name of Authorized Transporter	PORTER OF OIL AND NATURA	AL GAS				
Plateau, Inc.		Address (Give address to which	ch approved copy of this form is	to be sent!		
Name of Authorized Transporter		Box 108 Farmingto	Box 108 Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Ga	S	Roy 990 Farm	ch approved copy of this form is	to be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. fix	ge. Is gas actually connected?	nington, New Mexico 87401			
	d with that f	No	when authority i	e roaion-1		
COMPLETION DATA	ed with that from any other lease or	pool, give commingling order numb	er:	<u>s recreved</u>		
Designate Type of Comp	letion - (X)	Well New Well Workover Dee	pen Plug Back Same Res	s'v. Diff. Res'v		
Date Spudded	Date Compl. Ready to Prod.	Total Depth		1		
3-22-58	8-21-81	5550 '	P.B.T.D.			
Elevations (DF, RKB, RT, GR, et 6730 °G.L.	1	Top Oll/Gas Pay	Tubing Depth			
Perforations	Gallup	5198	5499'			
			Depth Casing Shoe			
HOLE SIZE	TUBING, CASING,	AND CEMENTING RECORD	5549 '			
12 ½"	CASING & TUBING SIZE	DEPTH SET	SACKS CEM	ENT		
7 7/8"	9 5'8" - 32.3 #/ft 5½" - 13#/ft	285'	300sx - circul			
	2 3/8" - 4.7#/ft.	5549 '	300sx = Top @	3850 '		
FST DATA AND BEOLISCO						
EST DATA AND REQUEST IL WELL	FOR ALLOWABLE (Test must able for thi	be after recovery of total volume of loads depth or be for full 24 hours)	d oil and must be equal to or ex	ceed top allow		
ate First New Oil Run To Tanks 8-23-81	Date of Test	Producing Method (Flow, pump,				
ength of Test	9-10-81 Tubing Pressure	Flowing	, , , , , , , , , , , , , , , , , , , ,			
24 hrs.	0	Casing Pressure	Choke Size			
tual Prod. During Test	Oil-Bbls.	790 Water - Bble.	3/4" Gas-MCF			
50 BBLS	50	30				
AS WELL						
rtual Prod. Test-MCF/D	Length of Test	Bhis Contact Out				
sting Method (pitot, back pr.)		Bbis. Condensate/MMCF	Gravity of Condensate			
	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size			
RTIFICATE OF COMPLIAN	ICE					
		OIL CONSERV	ATION DIVISION			
reby certify that the rules and	regulations of the Oil Conservation	APPROVED SEP 3 Original Signed by CHARLES	U 1983			
	regulations of the Oil Conservation and that the information given e beat of my knowledge and belief	Original Signed by CHARLES	GHOLSON . 19			
		TITLE DEPLTY OIL & GAS INSPECTOR, DIST. #3				
21/1/ 11/20						
Juku / Z	Daniel	This form is to be filed i	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 appeared by			
	ature)			r deepened e deviation		
San Juan Division Man	ager	tests taken on the well in ac-	cordance with MULE 111.			

il

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