

UNRECORDED
P.O. BOX 2018
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

OCT 11 1985

OIL CON. DIV.
DIST. 3

OPERATOR
PRODUCTION OFFICE
Operator

Noel Reynolds

Address
P.O. Box 356, Elora Vista, N.M. 87415

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

Benson - Martin and Green, Farmington, N.M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>1</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Puerto-Chiquito E. Manos</u>	Kind of Lease State, Federal or Fee <u>COMM. AGREE- MENT</u>	Lease No. <u>N.M. 015 P35-85C- 412</u>
Location Unit Letter <u>1</u> : <u>1963</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>W</u> line. Line of Section <u>5</u> Township <u>24 N.</u> Range <u>1 E</u> , NMPM, <u>Rio Arriba</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"/> <u>Isiant Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Po. 256, Farmington, N.M. 81499</u>					
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 <u>F</u>	Sec. <u>5</u>	Twp. <u>24 N</u>	Rge. <u>1 E</u>	Is gas actually connected? <u>NONE</u>	When

If this production is commingled with that from any other lease or pool, give commingling order number: N.M. 015 P35-85C-412

IV. 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'v.
Date Spudded <u>12-30-60</u>	Date Compl. Ready to Prod. <u>6-27-61</u>	Total Depth <u>4416</u>	P.B.T.D.					
Elevations (DE, RAB, RT, GR, etc.) <u>6957</u>	Name of Producing Formation <u>Shinarump</u>	Top Oil/Gas Pay <u>4203</u>	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>13 3/8</u>	CASING & TUBING SIZE <u>10 3/4</u>	DEPTH SET <u>58</u>	SACKS CEMENT <u>32</u>					
<u>8 1/2</u>	<u>8 1/2</u>	<u>2892</u>						
	<u>2 1/2</u>	<u>4353</u>	<u>60</u>					
	<u>2 7/8 slotted liner</u>	<u>4350-4416</u>						

V. 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	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/NMCF	Gravity of Condensate
Testing Method (piston, back prod)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

OIL CONSERVATION DIVISION

OCT 11 1985

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 3

In compliance with