	PISTRIBUTION								
	ANTA FE			-		NEW MEXI R			
	FILE								
i	1.8.G.S.			1		AUTHORIZATION			
	LAND OFFICE				ACTIONIZATION				
	IMANSPORTER	OIL	1						
		GAS							
	OPERATOR								
ı.	FRORATION OFFICE								
	Operator								
	SHERMAN F. WAGENSELLER								
	Address								
					s t	Interstate Bld			
	Reason(s) for filing (Check proper box)								
i	New Meil X					Change in Transporter c			
	Recompletion			011					
	Change in Ownership	<u>'L_J</u>				Casinghead Gas			

	ANTA FE							
4	U.S.G.S.	AUTHORIZATION TO T	Effective 1-1-65					
	I RANSPORTER OIL							
	GAS							
	OPERATOR							
l	Operator Operator							
	SHERMAN F. WAGENSEI	LLER		73				
	Address			, in the control of t				
	Reason(s) for filing (Check proper b)	irst Interstate Bldg, Al						
	New Well X	Change in Transporter of:	Other (Please explain,	,				
	Recompletion	OII Dry	Gas 🔲					
	Change in Ownership	Casinghead Gas Cond	densate					
	If change of ownership give name and address of previous owner							
11	DESCRIPTION OF WELL AND	D LEASE						
	Mobil Apache Well No. Pool Name, Including I			Lease 140:				
	Mobil Apache 19 South Blanco) PL Journey	ederal or Fee Jicarilla 168				
	Unit Letter 2 ; 7	90 Feet From The North L	tine and 1850 Feet 7	From The West				
	Line of Section 13 T	ownship 23N Range	3W , NMPM,	Rio Arriba County				
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	:AS					
	Name of Authorized Transporter of C			approved copy of this form is to be sent)				
,	Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Add Constitution					
	Name of Authorized Transporter of Casinghead Gas 7 or Dry Gas El Paso Gas Company		Address (Give address to which approved copy of this form is to be se					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When				
	give location of tanks. None							
IV.	If this production is commingled w. COMPLETION DATA	with that from any other lease or pool	, give commingling order numbers	:				
- , .	Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'v.				
	Date Spudded	Date Compl. Ready to Prod.	X 1					
	12-3-82	1-12-83	Total Depth 3220	P.B.T.D. 3150				
	Elevations (DF, RKB, RT, GR, etc.)	1	Top Oil/Gas Pay	Tubing Depth				
	7310Gr.	Pictured Cliffs	3087	3072				
	3087-96, 3100-04, 3	107-11, 17' @ 2SPF		Depth Casing Shoe				
			O CEMENTING RECORD	1 3195				
	HOLE SIZE CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT				
	11½	8 5/8	94	67CF-Circ.				
	64	4 ½	3195	357CF-Circ.				
		23/8	3072					
v.	TEST DATA AND REQUEST F	FOR ALLOWABLE. (Test must be	after recovery of total volume of loss	d oil and must be equal to or exceed to allow				
• •	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 able for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, g	as lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bhis.	Water - Bbls,	Gaa-MOF				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	2129	3Hrs	-0-	Gravity of Condensatie				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
į	Choke	852	11	3/4"THC				
VI.	CERTIFICATE OF COMPLIAN	CE	01L CONSER	RVATION COMMISSION				
	I hereby certify that the rules and	regulations of the Oil Conservation	2-18-83 OIL CONSERVATION COMMISSION FEB 1,8 1983					
	Commission have been complied	with and that the information given e best of my knowledge and belief.	11	Original Signed by FRANK T. CHAVEZ				
	and the time and complete to the	5 3027 St. 1/3, MINOMINISTE CHIM SOLICE	TITLE SUPERVISOR DISTRICT # ? This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation					
	4.							
	Monitor							
•	- IIII Sign	ature)						
	Mory is B. Jones, Engineer		tests taken on the well in a	ccordance with RULE 111, must be filled out completely for allow-				
	(Title)		able on new and recompleted	d wells.				
	√anısıry 16, 1983 (Date)		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.					

well name or number, or transporter, or other such change of condition.

General Forms Cated must be filed for each pool in multiply