

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
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| TRANSPORTER | OIL |
| | GAS |
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| PRORATION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUL 18 1984
OIL CON. DIV.
DIST. 3

I.

Operator
Bolack Minerals Company

Address
P.O. Box 255, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

| | | |
|--|---|------------------------|
| <input checked="" type="checkbox"/> New Well | Change in Transporter of: | Other (Please explain) |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |
| | <input type="checkbox"/> Dry Gas | |
| | <input type="checkbox"/> Condensate | |

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|------------------------|--|--------------------------------|------------------------|
| Lease Name Bolack "E" | Well No. 4-R | Pool Name, including Formation Oleto -Pict. Cliffs | Kind of Lease Federal | Lease No. NM-067612 |
| Location | | | | |
| Unit Letter <u>I</u> : <u>2040'</u> Feet From The <u>South</u> Line and <u>810'</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>1</u> | Township <u>23N</u> | Range <u>6W</u> | NMPM, <u>Rio Arriba</u> County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas | Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, N.M. |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | NO Est. 3 mos. |

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.

William R. Geer
(Signature)
Agent
July 16, 1984
(Date)

OIL CONSERVATION DIVISION
JUL 18 1984

APPROVED _____, 19 _____

BY Original Signed by FRANK T. CHAVEZ

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.

COMPLETION DATA

| | | | | | | | | | |
|---|--|--------------------------|---------------|---------------|----------------------------|--------|-----------|------------|-------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well X | New Well X | Workover | Reopen | Plug Back | Same Recv. | Diff. Recv. |
| Date Spudded 5/7/'84 | Date Compl. Ready to Prod. July 12, 1984 | Total Depth 2250' | | | P.B.T.D. 2219' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6753' KB, | Name of Producing Formation Pictured Cliffs | Top Oil/Gas Pay 2132' | | | Tubing Depth 2113' | | | | |
| Locations 2132 to 2143' and 2164 to 2170' | | | | | Depth Casing Shoe 2249' | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|------------------------------|
| 9 7/8" | 7", 26#, J-55 | 100' | 59 cu. ft., Cl B |
| 6 1/2" | 2 7/8", 6.5# | 2249' | 192 cu. ft., 50/50 Pozmix |

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 89 MCFPD | Length of Test 3 hrs. | Bbls. Condensate/MCF None | Gravity of Condensate |
| Testing Method (pilot, back pr.) Back pressure | Tubing Pressure (Shut-in) 390 | Casing Pressure (Shut-in) 390 | Choke Size 1/2" |