

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

U.S. GEOLOGICAL	
LAND OFFICE	
TRAIL PORTER	OIL
	GAS
OPER. FOR	
PRORATION OFFICE	

Operator

Noel Reynolds

Address

Box 356 Flora Vista, N.M. 87415

Reason(s) for filing (Check proper box)

New Well

Change in Transporter of:

Recompletion

Csl

Dry Gas

Change in Ownership ☐

Casinghead Gas

Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name DARLA	Well No. 1	Pool Name, Including Formation South San Luis Mesa Verde	Kind of Lease Date, Federal or Fee Federal	Lease No. SF981171
Location Unit Letter H ; 1670 Feet From The North Line and 1014 Feet From The East Line of Section 33 Township 18N Range 3 W , NMPM, Sandoval N.M. County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Conoco Inc. Surface Transportation						
Name of Authorized Transporter of Cashead 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.	Is gas actually connected?	When
	H	33	18N	3W		

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X							
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
8-14- 59		353							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
6604	Menefee	341				345			
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 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

1. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED APR 27 1984, 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 allowance 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 Form C-104 must be filed for each pool in multiply plotted wells.