

U.S. DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form OCS-104
Revised by BLM to conform with
F.L.M. 1104-1-1-83

RECEIVED
APR 27 1984
OIL CON. DIV.
DIST. 3

LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION 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 ☐ Oil ☒ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name ANN *	Well No. 3	Pool Name, Including Formation South SAN LUIS MV	Kind of Lease State, Federal or Fee FEDERAL	Lease No. SE081171K
Location Unit Letter A : 907 Feet From The NORTH Line and 576 Feet From The EAST Line of Section 33 Township 18N Range 3W, NMPM, SANDOVAL 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"/> CONOCO, INC. Surface Transportation	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 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

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-2-63	Date Compl. Ready to Prod. 10-6-63	Total Depth 378	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6,488 BL.	Name of Producing Formation MENEPEE	Top Oil/Gas Pay 347-378	Tubing Depth 355					
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

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.

NOEL REYNOLDS
(Signature)

Operator
(Title)

4-26-84
(Date)

OIL CONSERVATION COMMISSION

APR 27 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 change of owner, well name, or number, or transporter or other such change. In addition, Section C-104 must be filled out for such changes.