

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR
Operator **NOEL REYNOLDS**

Address **Flora Vista, NM 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)

Change in ownership & operator

If change of ownership give name
and address of previous owner

Robert J. Co. 1984 Sandbrook Rd. Santa Fe, NM (operator)

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Santa Fe</i>	Well No. <i>8</i>	Pool Name, Including Formation <i>Flora Vista</i>	Kind of Lease State, Federal or Fee <i>State</i>	Lease No. <i>87501</i>
Location				
Unit Letter <i>H</i> : <i>1986</i> Feet From The <i>N</i> Line and <i>660</i> Feet From The <i>E</i>				
Line of Section <i>33</i> Township <i>18N</i> Range <i>3W</i> , NMPM, <i>Sandbrook</i> 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"/> <i>David Reynolds</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 256 Santa Fe, NM 87504</i>			
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 <i>H</i>	Sec. <i>33</i>	Twp. <i>18N</i>	Rge. <i>3W</i>
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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
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 M (Bou, etc.)	RECEIVED	
Length of Test	Tubing Pressure	Casing Pressure	APR 08 1986	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	OIL CON. DIV.	
			DIST. 3	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Initial Condensate/M-MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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 and complete to the best of my knowledge and belief.

David Reynolds
(Signature)
Operator
(Title)

OIL CONSERVATION DIVISION

APPROVED **APR 08 1986**
BY *Frank J. [Signature]*
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 deviate 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 ownership or operator.