

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

B.K.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

NO. OF COPIES RECEIVED	1
DISTRIBUTION	
SANTA FE	7
FILE	7
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	1
OIL	
GAS	
OPERATOR	1
PRODUCTION OFFICE	

Operator NOEL REYNOLDS

Address Box 356 FLORA VISTA, NEW MEXICO 87415 334-9031 or 325-6041

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner ELLSBERRY AND KREATCHMAN

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>E K I</u>	Well No. <u>11</u>	Pool Name, Including Formation <u>S. SAN LUIS - MESAVERDE</u>	Kind of Lease <u>FED. SF</u>	Lease No. <u>081171K</u>
Location				
Unit Letter <u>A</u>	<u>330</u>	Feet From The <u>N</u> Line and <u>990</u> Feet From The <u>E</u>		
Line of Section <u>33</u>	Township <u>18 N</u>	Range <u>3 W</u>	, NMPM, <u>SANDOVAL</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>THRIFTWAY</u>	<u>FARMINGTON, NEW MEXICO, 87401</u>					
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 <u>8-30-65</u>	Date Compl. Ready to Prod. <u>10-3-65</u>	Total Depth <u>1,010</u>	P.B.T.D. <u>600'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6,520 gr.</u>	Name of Producing Formation	Top Oil/Gas Pay <u>572-583</u>	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <u>6 1/2"</u>	CASING & TUBING SIZE <u>2 7/8"</u>	DEPTH SET <u>620'</u>	SACKS CEMENT

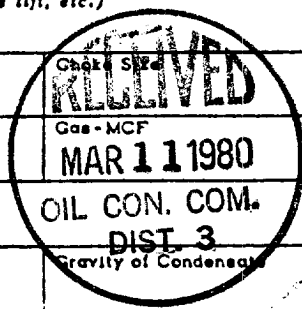
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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



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.

Noel Reynolds
(Signature)
operator
(Title)
3-11-80
(Date)

OIL CONSERVATION DIVISION
APR 4 1980
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