

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form L-104
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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 ☒
Change in Ownership ☐	Casinghead Gas ☐

Other (Please explain)

Dry Gas ☐
Condensate ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name DARLA	Well No. 7	Pool Name, Including Formation SOUTH SAN LUIS MESA VERDE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. SF081171 A
Location Unit Letter H : 1347 Feet From The NORTH Line and 1166 Feet From The EAST				
Line of Section 33 Township 18 NORTH Range 3 WEST , NMPM, SANDOVAL County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ CONOCO INC. - Santa Fe Transportation	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 18 N 3 W	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X								
Date Spudded 9-24-65	Date Compl. Ready to Prod. 10-1-65	Total Depth 432	P.B.T.D. 371					
Elevations (DF, RKB, RT, GR, etc.) 6, 461 GR.	Name of Producing Formation MENEFE	Top Oil/Gas Pay 340-350	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MCF	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 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)

4-26-84

OIL CONSERVATION DIVISION

APPROVED **APR 27 1984**
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 IV for existing wells and only Section V for new wells.