

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. OPERATOR
Operator NOEL REYNOLDS
Address Box 356 FLORAVISTA, N.M. 81415 334-9135 or 325-6041
Reason(s) for filing (Check proper box) 334-9135 or 325-6041
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous ownerELLSBERRY AND KREATSCHMAN

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>EK 116</u>	Well No. <u>16</u>	Pool Name, Including Formation <u>S. SAN LUIS - MESAVERDE</u>	Kind of Lease State, Federal or Free <u>FED. SF</u>	Lease No. <u>081131 A</u>
Location Unit Letter <u>H</u> : <u>1765</u> Feet From The <u>N</u> Line and <u>1001</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"/> <u>TH RITZWAY</u>	Address (Give address to which approved copy of this form is to be sent) <u>FARMINGTON, N.M. 81401</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>6-29-76</u>	Date Compl. Ready to Prod. <u>8-20-76</u>	Total Depth <u>335</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>6448 gr.</u>	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <u>6 3/8</u>	CASING & TUBING SIZE <u>5 9/16</u>	DEPTH SET <u>260'</u>	SACKS CEMENT <u>5 SACKS</u>

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 <u>3-12-77</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump.</u>
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure <u>0</u>
Actual Prod. During Test	Oil-Bbls. <u>1 1/2 bbls.</u>	Water-Bbls. <u>6 BBLs</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
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)
3-10-80
(Date)

OIL CONSERVATION DIVISION

APR 4 1980

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE _____

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 allow-
able 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