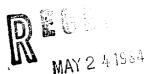
ENERGY AND MINERALS DEPARTMENT

PB. OF COPICS SEC	E 17 E 0		
DISTRIBUTION			
SANTA FE			
PILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	CAS		
OPERATOR			
PRORATION OFF	KE		
Operator			

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

REQUEST FOR ALLOWABLE



Separate Forms C-104 must be filed for each pool in multip

	TRANSPORTER CAS		AN <mark>D</mark> SPORT OIL AND NATURAL (GAS III	AY 2 4 19	84		
I.	PRORATION OFFICE Operator			OIL	OIL CON. DIV.			
	DIETRICH RESOURCES COR		DIST. 3					
		, #2450, Denver, Colorad		_				
	Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change of Bool Name pursuant to							
	Recompletion		Change in Transporter of: Change of Pool Name pursuant to Oil Conservation Division Order					
	Change in Ownership		ensate No. R-7034-7		on order			
	If change of ownership give name and address of previous owner	Not applicable						
	DESCRIPTION OF WELL AND							
	Federal 26	Counselors Gal	llun-Dakota i	Federal or Fee F	ederal	NM38584		
	Location		······································					
	Unit Letter F : 165	O Feet From The West Li	ne and 1650 Fee	t From The N	orth			
	Line of Section 26 Tov	waship 23 North Range (5 West , NMPM,	Sandoval		County		
	DESIGNATION OF TRANSPORT		AS Address (Give address to whic	Lanca of some	11:- (:			
	Name of Authorized Transporter of Oil The Permian Corporation				-	•		
	The Permian Corporation Name of Authorized Transporter of Cas				ouston, Texas 77001 ved copy of this form is to be sent)			
	Not applicable		Not applicable	••••		•		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When				
	give location of tanks.	F 26 23N 6W	No	Not appli				
	If this production is commingled wit COMPLETION DATA		give commingling order number					
i	Besignate Type of Completio	$\operatorname{on} = (X)$ Oil Well Gas Well	New Weil Workover Dee	pen Plug Baci	Same Res	v. Diff. Res		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	11-19-80	1-11-81	6,653'	5,700'				
1	Elevations (DF, RKB, RT, 6R, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing De	pth			
	7,053' KB	Gallup	5,2691	5,236'				
	5,548', 5,533', 5,531', 5,437', 5,433', 5,427',	555949, 55581, 55574; 55,529, 55,527, 55,525;	5,567, 5,565, 5,5 5,523, 5,5821, 5,5 5,273', 5,271', 5,2	Depth Cas	-			
ŀ	5,437', 5,433', 5,427',	7,433', 5,427', 5,395', 5,391', 5,275' 5		69' 6,652'				
ł	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEM	ENT		
Ì	12-1/4"	8-5/8" 23#	293'	200 sa	cks			
	7-7/8"	4-1/2" 10.5#	6,652'	814 sa	cks			
ļ		2-3/8" 4.7#	5,236'					
Ĺ	TEST DATA AND REQUEST PO	OR ALLOWABLE (Test must be a	ifter recovery of social volume of lo	ad oil and must be	equal to or e	xceed top all:		
	OIL WELL	Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run To Tanks	Date of Test	1	sup gus 11/1, esc.				
ŀ	1-28-81 Length of Test	2-3-81 Tubing Pressure	Pump Casing Pressure	Choke Siz	•			
Ì	24 hours	TSTM	20# psi	n/a/				
f	Actual Prod. During Test	Oil-Bbla.	Water-Bble.	Gas-MCF		 -		
l	/22 bbls	20 bbls	2 bbls	50	-			
۲	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/NMCF	Gravity of	Condensate			
ſ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Siz	•			
_	ERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION					
		MAY 24 1984						
T	hereby certify that the rules and re division have been complied with							
	bove is true and complete to the	Original Signed by FRANK T. CHAVEZ						
By Paul McBride (Signature) Eventure Vine President			TITLE SUPERVISOR DISTRICT # 3					
			This form is to be filed in compliance with RULE 1104.					
			If this is a request for	companied by a to	abulation of	the deviation		
			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
<u>د</u>	xecutive Vice President	•)	All sections of this fo	rm must be filled ed wells.	out complet	ely for allo		
1	ay 21, 1984	-•	Fill out only Sections	I. II. III. and '	VI for chan	ges of owne		
_	(Date	e)	well name or number, or tra-	apporter, or other	auch change	of conditio		