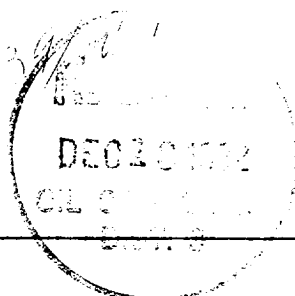


OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



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U.S.D.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

I. Operator  
R.E. Lauritsen & Gary Roberts, Partners (LOBO PRODUCTION)

Address  
3005 Northridge, Suite I, P.O. Box 2364, Farmington, New Mexico 87401

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)  
DISCONTINUED

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gulf State-36</u>	Well No. <u>#1</u>	Pool Name, Including Formation <u>Wildcat-Gallup</u>	Kind of Lease <u>SANTA FE</u> State, Federal or Fee State	Lease No. <u>LG 729</u>
Location Unit Letter <u>A</u> ; <u>850</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>23N</u> Range <u>6W</u> , NMPM, <u>Sandoval</u> 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"/> <u>Giant Industries</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 256, Farmington Hwy, Bloomfield, N. Mex.</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Vented</u>	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 <u>A</u>	Sec. <u>36</u>	Twp. <u>23N</u>	Rge. <u>6W</u>
Is gas actually connected?		When		
<u>No</u>				

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>9-29-82</u>	Date Compl. Ready to Prod. <u>11-23-82</u>		Total Depth <u>5605'</u>		P.B.T.D. <u>5557'</u>			
Elevations (DF, RKE, RT, GR, etc.) <u>6919' RKB</u>	Name of Producing Formation <u>Gallup</u>		Top Oil/Gas Pay <u>5040'</u>		Tubing Depth <u>5465'</u>			
Perforations <u>5040-50 (10) 5060-66(6) 5250-65(15) 5270-75(6) 5286-5300(14)</u> <u>5378-5470</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8" 24# K55</u>	<u>210' KB</u>	<u>200 sks</u>
<u>7 7/8"</u>	<u>4 1/2" 10.5 K55.</u>	<u>5605' KB</u>	<u>First stage: 230 sks</u>
	<u>2 3/8</u>	<u>5465</u>	<u>2nd stage: 750 sks</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 <u>12-7-82</u>	Date of Test <u>12-7-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Swabbing</u>	
Length of Test <u>10 hrs</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>750 psig</u>	Choke Size <u>1/2</u>
Actual Prod. During Test <u>60 BBLS</u>	Oil-Bbls. <u>35</u>	Water-Bbls. <u>25</u>	Gas-MCF <u>150</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

R.E. Lauritsen  
(Signature)  
Partner - Operator  
(Title)  
12-10-82  
(Date)

OIL CONSERVATION DIVISION

12-13-82  
APPROVED DEC 12 1982, 19\_\_\_\_

BY [Signature]  
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 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 completed wells.