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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3031/11  
RECEIVED  
DEC 29 1983  
OIL CON. DIV.  
SANTA FE

Operator  
Noarko Resources, Inc.

Address  
1206 East 20th Street, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

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

DESCRIPTION OF WELL AND LEASE

Lease Name Lu Lu	Well No. 5	Pool Name, including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee Federal	Lease NM 2874
Location Unit Letter J ; 2310 Feet From The South Line and 1650 Feet From The East Line of Section 29 Township 23 North Range 6 West , NMPM, Sandoval County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1181, Houston, Texas 77001					
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 J	Sec. 29	Twp. 23N	Rge. 6W	Is gas actually connected?	When

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

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 Restv.	Diff. Restv.
Date Spudded 11-27-83	Date Compl. Ready to Prod. 12-20-83	Total Depth 5830' KB	P.B.T.D. 5788' KB					
Elevations (DF, RKB, RT, GR, etc.) 7187' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5143'	Tubing Depth 5088					
Perforations 5143-5457 5557-5654	10 holes - 0.38" 16 holes - 0.38"	Depth Casing Shoe 5828' KB						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 24#/ft	265' KB	180 SX C1. B
7-7/8"	5-1/2" 15.5#/ft	5828' KB 5838	860 SX C1. B
	2-3/8" 4.7#/ft	5088' KB	

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 12-20-83	Date of Test 12-27-83	Producing Method (Flow, pump, gas lift, etc.) Gas lift	
Length of Test 24 hrs.	Tubing Pressure 300# PSIG	Casing Pressure 750# PSIG	Choke Size 28/64
Actual Prod. During Test	Oil - Bbls. 43 B0	Water - Bbls. 1 BW	Gas - MCF 55 MCF

AS 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

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.

Ronnie W. Allen  
Ronnie W. Allen (Signature)

Geologist  
(Title)

December 29, 1983  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 29 1983, 19  
BY [Signature]  
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 completed wells.