

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
Noarko Resources, Inc.

Address

1206 East 20th Street, Farmington, N. M. 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 checked="" 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 Aztec Energy Corporation, 1206 East 20th St., Farmington, N.M. 87401

DESCRIPTION OF WELL AND LEASE

Lessee Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lu Lu	4	Lybrook Gallup Ext.	State, Federal or Fee Federal	NM 28741

Location

Unit Letter P : 900 Feet From The South Line and 990 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"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	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)
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If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	29	23N	6W		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-18-83	12-10-83	5900	5858					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
7303 Gr.	Gallup	5237	5213					
Perforations	Depth Casing Shoe							
5237, 46, 79, 81, 5322, 24, 30, 32, 34, 67, 72, 96, 5406, 08, 5534, 38, 40, 5543, 53, 5669, 71, 73, 5712, 14, 16, 24, 33, 35, 39, 42, 44, 48, 52, 54, 93, 95	5900							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#/ft	254' 26.7	180 sx Class B w/1/4 sk flocele and 3% CaCl
7-7/8"	5-1/2", 15.5#/ft	5900'	950 sx Class B
	2-3/8", 4.7#/ft	5213	

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	Producing Method (Flow, pump, gas lift, etc.)	
12-10-83	12-18-83	Gas Lift	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	500	750	24/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	37	3 BLW	41

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

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.

NOARKO RESOURCES, INC.

Ronnie W. Allen
Geologist
(Signature)

(Title)

Dec 15, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 15 1983

BY Frank J. Cline

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.