

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Bright & Company 2840		Well API No.
Address 10100 Reunion Place, Suite 735; San Antonio, Texas 78216		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/> Horizontal	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

RECEIVED
DEC 17 1993

OIL CON. DIV.

II. DESCRIPTION OF WELL AND LEASE

DIST. 3

Lease Name Cuba Mesa Unit 2249	Well No. 85-2	Pool Name, Including Formation Rio Puerco - Mancos Pool 32260	Kind of Lease State, Federal or Fee	Lease No. NM-68761
Location				
Unit Letter M	: 1010	Feet From The South	Line and 820	Feet From The W
Section 35	Township 21-N	Range 2-W	NMPM,	Sandoval County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Crude Gathering Co. 384332	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256; Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas N/A	<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 M	Sec. 35
	Twp. 21N	Rge. 2W
	Is gas actually connected? Vented	When? 10/20/93

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

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 10/10/93	Date Compl. Ready to Prod. 11/10/20/93	Total Depth 7073 MD, 4413.9 TVD	P.B.T.D. 7073 MD, 4413.9 TVD					
Elevations (DF, RKB, RI, GR, etc.) GL = 7016', KB = 7028'	Name of Producing Formation Gallup "B-1"	Top Oil/Gas Pay 4555 MD, 4231.1 TVD	Tubing Depth 4534 MD					
Perforations 4231-4414 TVD	4555-7073 MD	Depth Casing Shoe 7-5/8" 4555 MD, 4229.7 TVD						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"	DEPTH SET 240'	SACKS CEMENT 320					
12-1/4 & 9-7/8"	7-5/8"	4555 MD	1470					
6-1/2"	Open hole	7073 MD						

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 Tank 11/10/20/93	Date of Test 11/24/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0 psig	Casing Pressure 45 psig	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 98	Water - Bbls. 63	Gas - MCF 0

GAS 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

VI. OPERATOR 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.

Signature
G.W. Hunt
Printed Name
10/14/93
Date
Division Engineer
210/341-9773
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 13 1994

By
SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.