

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Operator McELWAIN OIL & GAS PROPERTIES, INC		Well API No. 30-039-05502
Address P.O. BOX 2148, SANTA FE, NM 87504-2148		
Reason(s) for Filing (Check proper box)		
New Well	<input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Casingshead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Recompletion	<input type="checkbox"/>	
Change in Operator	<input type="checkbox"/>	
<input type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name MILLER A	Well No. #1	Pool Name, including Formation BASIN OAKOTA	Kind of Lease State, <u>Federal</u> or Fee	Lease No. SF078584
Location				
Unit Letter A : 990 Feet From The North Line and 990 Feet From The East Line				
Section 13 Township 24N Range 7W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> GARY ENERGY CORP. / 285010					Address (Give address to which approved copy of this form is to be sent) 370 17TH ST., SUITE 5300, DENVER, CO 80202	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EDWARDS GNM					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	Sec.	Twp.	Rgs.	Is gas actually connected?	When?
	A	13	24N	7W		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl.	Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

RECEIVED

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	Date of Test	Producing Method (Flow, Pump, Solvent, etc.)	OIL CON. DIV DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<i>pilot, back pr.</i>)	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 Maria Matonti
Printed Name MARIA MATONTI - TAX MANAGER
Date 1/7/94 Title (SOS) 982-1935
Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JAN 18 1994

By 3rd Chief
Title _____ SUPERVISOR DISTRICT 13

Title _____ SUPERVISOR DISTRICT _____

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-10-1 must be filed for each pool in multiply completed wells.