

**OIL CONSERVATION DIVISION**

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

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

*Water pad 1285150*

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator <b>McELVAIN OIL &amp; GAS PROPERTIES, INC</b>	Well API No. <b>30-039-05524</b>
Address <b>P.O. BOX 2148, SANTA FE, NM 87504-2148</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain)	
Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>MILLER B</b>	Well No. <b>#5</b>	Pool Name, Including Formation <b>DEVILS FORK GALLUP</b>	Kind of Lease State, Federal or Fee	Lease No. <b>SFO78584</b>
Location Unit Letter <b>N</b> : <b>790</b> Feet From The <b>South</b> Line and <b>1850</b> Feet From The <b>West</b> Line Section <b>12</b> Township <b>24N</b> Range <b>7W</b> , NMPM. <b>BIO ARriba</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil or Condensate <b>GARY ENERGY CORP / 285110</b>	Address (Give address to which approved copy of this form is to be sent) <b>370 17th ST. SUITE 5300 DENVER, COLORADO 80202</b>
Name of Authorized Transporter of Casinghead Gas or Dry Gas <b>EPNG 1285330</b>	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 <b>N</b> Sec. <b>12</b> Twp. <b>24N</b> Rge. <b>7W</b>	Is gas actually connected? When?

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	N/A		N/A			Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT				
	N/A			<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>JAN 8 1994</b> </div>				

**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 total allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>N/A</b>	Water - Bbls. <b>N/A</b>	Gas - MCF

**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 *Maria Matont*  
 Printed Name **MARIA MATONT** Title **TAX MANAGER**  
 Date **1/7/94** Telephone No. **(505) 182-1935**

**OIL CONSERVATION DIVISION**

Date Approved JAN 10 1994  
 By *[Signature]*  
 Title **SUPERVISOR DISTRICT #2**

**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.