

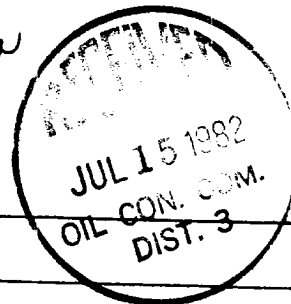
OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
I. H. McElvain Oil & Gas Properties
Address
P.O. Box 2148 Santa Fe, New Mexico 87501

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Recompletion in Gallup Formation and
commingling of Gallup and Dakota per
Commission Order #R-6111

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Miller "B"	Well No. 6	Pool Name, including Formation Devils Fork Gallup and Undesignated Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF078584
Location Unit Letter <u>G</u> <u>1460</u> Feet From The <u>North</u> Line and <u>2285</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>24N</u> Range <u>7W</u> , NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) 501 Airport Dr., Suite 151 Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 12	Twp. 24N	Rge. 7W	Is gas actually connected? No	When within 30 days

If this production is commingled with that from any other lease or pool, give commingling order number: R-6111

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-5-78	Date Compl. Ready to Prod. 11-10-78		Total Depth 7000' KB		P.B.T.D. 6911' KB			
Elevations (DF, RKB, RT, CR, etc.) 6806 GR	Name of Producing Formation Gallup - Dakota		Top Oil/Gas Pay 6780' KB 5712' KB Gallup, Dakota		Tubing Depth 6817' KB			
Perforations Dakota-Previously reported; Gallup-5712, 18, 26, 57, 59, 72, 85, 27, 86, 91, 93, 5805, 60, 64, 66, 80, 84, 88, 97, 99, 5201, 03, 05, 07					Depth Casing Shoe 6999' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 8 5/8"	CASING & TUBING SIZE 24"		DEPTH SET 313' KB		SACKS CEMENT 250			
4 1/2"	10.5 & 11.6"		6992' KB		1278 (1st stage)			
					1715 (2nd stage)			

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 7-8-82	Date of Test 7-8-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24hrs.	Tubing Pressure 40psi	Casing Pressure 40psi	Choke Size
Actual Prod. During Test	Oil - Bbls. 4080	Water - Bbls. 108W *	Gas - MCF 70MCF

*There were 340 bbls of load water yet to recover after test.

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

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)
Geological Engineer
(Title)

July 13, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 15 1982, 19____
BY Original Signed By FRANK L. HAYES

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.