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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Api 30-039-21831

Operator TRANSOCEAN OIL, INC.	
Address 1700 First City East Building 1111 Fannin, Houston, Texas 77002	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 28-714	Well No. 2	Pool Name, Including Formation Chacon Dakota Associated	Kind of Lease State, Federal or Fee Federal	Lease No. NM28714
Location Unit Letter I ; 1740 Feet From The South Line and 850 Feet From The East Line of Section 31 Township 24N Range 3W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM, 87401	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 31
	Twp. 24N	Rge. 3W
	Is gas actually connected? No	When Unknown

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input 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 10-7-78	Date Compl. Ready to Prod. 4-24-79		Total Depth 7760		P.B.T.D. 7600			
Elevations (DF, RKB, RT, GR, etc.) 7346' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7443'		Tubing Depth 7331			
Perforations 7443, 7446, 7449, 7452, 7455, 7458, 7464, 7467, 7470, 7473, 7548, 7550, 7556, & 7558					Depth Casing Shoe 7740			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		422		270			
7-7/8"	5-1/2"		7740		900			
	2- 3/8"		7331					

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 Tanks 4-27-79	Date of Test 4-30-79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 250 psig	Casing Pressure 250 psig	Choke Size -
Actual Prod. During Test	Oil-Bbls. 20	Water-Bbls. -0-	Gas-MCF 450

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

For: TRANSOCEAN OIL, INC.



Ewell N. Walsh, P. E.

President, Walsh Engineering &  
Production Corporation 5-10-79

OIL CONSERVATION COMMISSION

APPROVED MAY 21 1979, 19

BY Original Signed by A. R. Kendrick

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.