۲	P. O. BOX 2088				
.	SANTA FE, NEW MEXICO 87501				
į.	rite				
L	LAND OFFICE REQUEST FOR ALLOWABLE				
1	TRANSPORTER GAS	AN			
	PROBATION OFFICE	AUTHORIZATION TO TRANSP	ORT UIL AND NATURAL GAS		
B.	COPTON PETROLEUM	CODDODATTON			
ł		ce - 3773 Cherry Creek D	rive North - Denver, Col	orado 8020 <b>9</b>	
ļ	Reason(s) for lifting (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:			
İ	Recompletion	Oil XX Dry Gas		•	
Į.	Change in Ownership	Casinghead Gas Condens			
	and address of previous owner				
11.	DESCRIPTION OF WELL AND I	EASF. Well No.   Pool Name, Including Fo	rmation Kind of Lease	Lease N	
	Lease Name APACHE	127 LINDRITH GALLUE	Comp. Endoor	1 or Fee FEDERAL 126	
	Location		1000		
	Unii Leiler N : 600	Feet From The South Line		The West	
	Line of Section 11 Tow	nship 24N Range 4	1W , NMPM, R	IO ARRIBA Count	
į					
m.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GA	Aidress (Give address to which appro	ved copy of this form is to be sent)	
	GIANT REFINING COMPANY		P.O. BOX 256 - Farmington, NM 87499		
	Name of Authorized Transporter of Cas	inghead Gas XX or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
	EL PASO NATURAL GAS		P.O. Box 1492 - El Paso, TX 79978 Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. 24N 4W	Yes	8-2-79	
	give location of taller	h that from any other lease or pool,	give commingling order numbers		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Dill. Re	
-	Designate Type of Completion	<b>31.</b>			
-	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			The Oil (Can Part	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
	Depth Casing Shoe				
	Perforations				
			DEPTH SET	SACKS CEMENT	
:	HOLE SIZE	CASING & TUBING SIZE	DEF 18 SCT		
•					
		<u> </u>	f and polyment of lead oil	and must be equal to or exceed top al	
V.	TEST DATA AND REQUEST F	ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top al able for this depth or be for full 24 hours)			
	OIL WELL   Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	iji, eic.)	
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	OCT 15	005	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	BON MCF	
:	X2,00.7.02.		L OIL CON	4 DIV.	
1			DIST	. 3	
	GAS WELL Actual Prod. Test-MCF/D -	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. 1001-MC175			Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choire Size .	
			OIL CONSERVA	TION DIVISION	
·.VI.	CERTIFICATE OF COMPLIAN	RTIFICATE OF COMPLIANCE		001 1 0 1985	
	I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED 19		
			BY		
			SUPERVISOR DISTRICT # 3		
			This form is to be filed in compliance with RULE 1104.		
			Il		
•	(Signature)		well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 118.		
	DIVISION PRODUCTION MANAGER		Att sections of this form must be filled out completely for all		
-	October <b>4</b> , 1985		able on new and recompleted	verse. If III and VI for changes of ow	
			Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit well name.		
		ale)	Separate Forms C-104 mu	at be filed for each pool in mult	
			l enmoteted wells.		