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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

I.

Operator		NANCO, INC.	
Address		611 PHILTOWER BUILDING, TULSA, OKLAHOMA 74103	
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"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
LOCER	#2	GAVILAN	State, Federal or Fee Fee	1
Location				
Unit Letter	K	1799.56 Feet From The West	Line and 1725 3555.56	Feet From The S North
Line or Section	15	Township 25 North	Range 2 West	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company				PO Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected? When
					Yes August 18, 1981

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.			
4-23-80	8-20-80		3668'		3669'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
7311.51 GR	Pictured Cliffs		3500		3520'			
Perforations	2 shots per foot (32 shots) 3500-3516'				Depth Casing Shoe			
	2 shots per foot (36 shots) 3524-3542'				3648'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10-3/4"	8-5/8"		100'		88 To Surface			
6-3/4"	4-1/2"		3648'		200 sacks			
	2-3/8"		3520'					

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	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.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1,550 MCF	3 Hours	None	No record
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
One Point Back Pressure	580 PSI	964 PSI	3/4" Pos Choke

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.

E. Allen Phillips  
(Signature)  
President  
(Title)  
September 30, 1981  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

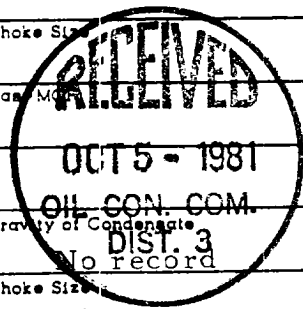
This form is to be filed in compliance with RULE 1104.

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.



OCT 19 1981