

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

B.K.

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

I. Operator Reading & Bates Petroleum Co.

Address 1125 17th St. Suite #2300 Denver, Colorado 80202

Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Gas ☐ Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal 17</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>West Lindrith Gallup Dakota</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>SF 081347</u>
Location Unit Letter <u>G</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>2300</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>24N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>202 Petroleum Plaza, Farmington, NM 87401</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990 Farmington, NM 87401</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>17</u>	Sec. <u>24N</u>	Twp. <u>3W</u>	Rge. <u>NO</u>

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 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 <u>12/15/80</u>	Date Compl. Ready to Prod. <u>2-28-81</u>	Total Depth <u>7616'</u>	P.B.T.D. <u>7450</u>
Elevations (D _h , RT, GR, etc.) <u>6839 KB</u>	Name of Producing Formation <u>Dakota A</u>	Top Oil/Gas Pay <u>7372'</u>	Tubing Depth <u>7252</u>
Perforations <u>7276-96, 7310-22, 7378-82, 7388-92</u>			Depth Casing Shoe <u>7583</u>
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE <u>12 1/2"</u> <u>7 7/8"</u>	CASING & TUBING SIZE <u>8 5/8" 24# K-55</u> <u>4 1/2" 11.60# K-55</u> <u>2 3/8" 4.7# K-55</u>	DEPTH SET <u>386' KB</u> <u>7583' KB</u> <u>7252' KB</u>	SACKS CEMENT <u>350 SX</u> <u>725 SX</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <u>2-28-81</u>	Date of Test <u>3-12-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>200 psig</u>	Casing Pressure <u>800 psig</u>	Choke Size <u>3/4</u>
Actual Prod. During Test	Oil-Bbls. <u>200</u>	Water-Bbls.	Gas-MCF <u>398</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Dail H. Olson
(Signature)
Petroleum Engineer
(Title)
3/16/81
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 20 1981, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 8

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 recompleted wells.

