

**OIL CONSERVATION DIVISION**

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>FLOYD OIL COMPANY</b>		Well API No. <b>30-039-22674</b>
Address <b>711 LOUISIANA, STE 1740 HOUSTON, TX 77002</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<b>EFF: 7-1-90</b>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>APACHE FEDERAL</b>	Well No. <b>12E</b>	Pool Name, Including Formation <b>BASIN DAKOTA</b>	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. <b>TRIBAL #69</b>
Location				
Unit Letter <b>M</b>	<b>990</b>	Feet From The <b>SOUTH</b>	Line and <b>900</b>	Feet From The <b>WEST</b>
Section <b>17</b>	Township <b>24N</b>	Range <b>5W</b>	NMPM, <b>RIO ARRIBA</b> County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>GIANT REFINING COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 256 FARMINGTON, NM 87499</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>EL PASO NATURAL GAS COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1492 EL PASO, TX 79978</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When?
	<b>M   17   24N   5W   YES   10-6-81</b>

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
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

**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 Tank	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

**RECEIVED**  
**JUN 14 1990**

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Dbls. Condensate/MCF	% of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**OIL CON. DIV**  
**DIST. 3**

**VI. OPERATOR 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: *Joan N. Black*  
 Printed Name: **JOAN N. BLACK** Title: **EXE. VP**  
 Date: **6-15-90** Telephone No.: **713-222-6275**

**OIL CONSERVATION DIVISION**

Date Approved **JUN 14 1990**  
 By: *Barry Shroy*  
 Title: **SUPERVISOR DISTRICT 13**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

REVISED BY  
UNIT 17  
MIDWAY RD  
8.1910,