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SANTA FE			
FILE			
U.S.G.S.			<u>L</u> _
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		<u> </u>
OPERATOR			<u> </u>
PRORATION OFFICE			
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE		KEWOESI I	AND	Effective 1-1-65	
U.S.G.S.	_	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS	
LAND OFFICE					
TRANSPORTER OIL					
GAS			04/		
OPERATOR			1 18		
PRORATION OFFICE					
- •	~~~~	Group, Inc.			
Address	ET VES	Gloup, Inc.		C/ 100	
P. O. Box	3280.	Casper, Wyoming 82602		16 Com 1000	
Reason(s) for filing (Check pr	oper box	,	Other (Please explain)	4/05	
New Well		Change in Transporter of:			
Recompletion		Oil Dry Gas Casinghead Gas Condens	T I	Commence ?	
Change in Ownership		Casinghead Gas			
f change of ownership give	name				
nd address of previous own	ner				
DESCRIPTION OF WELL	LAND	LEASE	ormation Kind of Leas	se Lease No.	
Lease Name		Well No. Pool Name, including to	Since Folder	al as Fee	
Jicarilla 35		14 West Lindrith	Gallup-Dak Ext Store, Feder	Federal Jicarilla	
Location				The West	
Unit LetterK	:15	90 Feet From The South Line	e and <u>1630</u> Feet From	ine West	
Line of Section 35	Τ.	waship 25N Range	5W , NMPM,	Rio Arriba County	
Line of Section 35	10	whimp 2514			
DESIGNATION OF TRA	NSPOR	TER OF OIL AND NATURAL GA	s		
Name of Authorized Transpor	ter of Oi	or Condensate	Address (Othe and cas to mitter -FF	oved copy of this form is to be sent)	
Giant Refinery			P. O. Box 256, Farmi	ngton. New Mexico 87401 oved copy of this form is to be sent)	
Name of Authorized Transpor	ter of Co	singhead Gas X or Dry Gas	1	1	
Northwest Pipe	line		P. O. Box 1526, Salt	Lake City, Utah 84110	
If well produces oil or liquid	s,		1.	W O Pipeline	
give location of tanks.		K 35 25N 5W	No No ning order number:	W. UV LIPSIIII	
If this production is commi	ngled w	ith that from any other lease or pool,	give comminging order name		
COMPLETION DATA		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of C	ompleti	• • • • • • • • • • • • • • • • • • •	X	P.B.T.D.	
Date Spudded		Date Compl. Ready to Prod.	Total Depth	7,274	
11-05-81		1-9-82 Name of Producing Formation	7,315 Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, G		i .	7 0001	6,996'	
G.L. 6.820'		Dakota fs. 7,201'-04', 7,215',	7 2201 7 2201 7 2/01	Depth Casing Shoe	
Perforations Dakota "D	" Per	18. 7,201 -04 , 7,213 , 2',7,084',7,086', 7,088'	w/1 ISP f) 46' 47' w/1	JSPF	
Dakota A Felis.	7,00	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"		8-5/8"	511' -	w/320 sx "B" w/2% CaCl ₂ +1/4# Flocele/sx	
		·	7.0151	1st stage w/500 sx 50-50	
7-7/8"		<u>4-1/2"</u> 2-3/8"	7,315'	Pozmix w/2% Gel & 1/4#	
		Z=3/0	ofter recovery of total values of load of	il and must be equal to or exceed top allow-	
	UEST	FOR ALLOWABLE (1 est must be cable for this d			
OIL WELL Date First New Oil Run To	Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
1-9-82		1-9-82	Flow Casing Pressure	Choke Size	
Length of Test		Tubing Pressure	Casing Pressure	20/6/!	
24 Hrs.		155 psi	Water-Bbls.	Gas-MCF	
Actual Prod. During Test		11	3 (Frac Wtr)	250 mcf	
11		1			
CACHELL					
Actual Prod. Test-MCF/D		Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
		<u> </u>		Choke Size	
Testing Method (pitot, back	pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			The second of th	VATION COMMISSION	
CERTIFICATE OF CO	MPLIA	NCE	- N		
			APPROVED JAN	<u> 1982 </u>	
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. TITLE SUPERVISOR DISTRICT 据 3		ALL HOUSE CONTRACTOR OF THE PROPERTY OF THE PR			
		TITLE SUPERVISOR DISTR	TITLE SUPERVISOR DISTRICT 能 3		
		/ 0	This form is to be filed	in compliance with RULE 1104.	
District Clerk (Title) 1/12/82		If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation well, in accordance with RULE 111.			
					- Il sections of this form
		able on new and recompleted			
		I THE TAX AS AN ADAR OF TRANSPORTED OF COMMENT OF COMMENT			
				(Date)	Separate Forms C-104
			completed wells.		