		1	
40. 07 COPIES RECEIVED	7		
DISTRIBUTION	1	20	
SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1
FILE	K E WUEST	FOR ALLOWABLE	Effective 1-1-65
U.S.G.S.	1	AND	
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS .
<del></del>	-{	Tri	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TRANSPORTER GAS	-		
OPERATOR	-{		DEC 2 0 1982
PRORATION OFFICE			
operation.	Minel,	Inc	DIL CON. DIV.
Address		Kane Lane	DIST. 3
Address	Conroe		<b>5</b> 101. 3
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Go	" <u> </u>	
Change in Ownership	Casinghead Gas Conde	nsate []	
If change of ownership give name and address of previous owner	I FACE		
Lease Name	Well No. Pool Name, Including F		• Federal Legse No.
Cayias	#1   Tapacito Pic	ctured Cliffs   State, Federa	or Fee SF-808566- <i>F</i>
Location			
Unit Letter G ; 22	90 Feet From The North Lir	ne and 1850 Feet From	The East
Line of Section 2 Tov	vaship T25N Range	3W , NMPM, Ric	o Arriba county
Line of Section Z	viising 12514	<u> </u>	
Name of Authorized Transporter of Oil Name of Authorized Transporter of Cas El Paso Natural Gas	Singhead Gas or Dry Gas X	Address (Give address to which appropriate to which appropriate to Box 990, Farm Is gas actually connected?	ved copy of this form is to be sent) ington NM 87401
It well blogness off or lidnigs'	Unit Sec. Twp. P.ge.	i	as soon as possible
	h that from any other lease or pool,	no give commingling order number:	as soon as possible
7. COMPLETION DATA  Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
		Total Doub	P.B.T.D.
Date Spudded 10-18-82	Date Compl. Ready to Prod.	Total Depth 3922 KB	3915'KB
	11-9-82 11-02-52	<del></del>	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
7329'KB	Pictured Cliffs	3858'	Depth Casing Shoe
Perforations			1 -
3858-86 w/15 ho	les 24" apart, 0.38"dia		3921 '
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8-3/4	7''	126'KB	55 sx (65 cf)
6-1/4	2-7/8"	3921 'KB	585 sx (995 cf)
			<u>i </u>
. TEST DATA AND REQUEST FO	OR ALLOWARIE (Ter must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow
OIL WELL	able for this de	pth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Condin or 1 and			-
Actual Dred During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF
Actual Prod. During Test			1
1		J	
GAS WELL	I	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Date: Contracted to Minich	

3 hrs
Tubing Pressure(Shut-in) 726 none Choke Size Casing Pressure (Shut-in) Testing Method (pitot, back pr.) 7-day 754 psi bk pr tubingless

OIL CONSERVATION COMMISSION

12-21 82 APPROVED.

Original Signed by CHARLES GHOLSON

BY.

REPUTY OIL & DAS INCORPORE DIST. #

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.

3/4

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.

2982

gent (Title)

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.

/I. CERTIFICATE OF COMPLIANCE