

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

Curtis J. Little Address P. O. Box 1258 Farmington, N. M. 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Salazar Com	Well No. 9	Pool Name, Including Formation Otero Chacra	Kind of Lease Federal State, Federal or Fee	Lease No. SF-080136 SF-078884
Location Unit Letter <u>H</u> : <u>1800</u> Feet From The <u>North</u> Line and <u>1010</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>25 North</u> Range <u>6 West</u> . NMPM. <u>Rio Arriba</u> County				

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)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>No</u> When <u>Soon</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 444444-4444

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12-27-84	Date Compl. Ready to Prod. 1-23-85	Total Depth 3384	P.B.T.D. 3345					
Elevations (DT, RT, GR, etc.) 6379 KB	Name of Producing Formation Otero Chacra	Top Oil/Gas Pay 2810	Tubing Depth 3258 Prod. Packer 2459 Depth Casing Shoe 3384					
Perforations (2810, 32, 38, 3162, 64, 68, 70, 72, 74, 76, 78, 3237, 39, 41, 66, 68, 70, 72, 74 (18 holes, 0.33" dia.), 74, 78)								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 3/4	7"	129 KB	75 sx (88 CF)
6 3/4	4 1/2"	3384	710 CF (Top cement 500 from Surface)
	2 3/8	3258	

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.	850 MCF

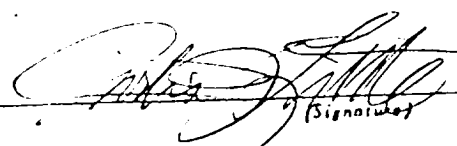
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 834-1041	Length of Test 3 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) None 521	Casing Pressure (Shut-in) 691 7 day pkr	Choke Size 3/4

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.


Operator
April 3, 1985
(Date)

OIL CONSERVATION DIVISION
APR 04 1985
APPROVED
Original Signed by FRANK T. CHAVEZ
BY
SUPERVISOR DISTRICT # 3
TITLE

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.

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF DEEPENINGS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PERMITTING OFFICE	

Operator
Address
Curtis J. Little
P. O. Box 1258
Farmington, N. M. 87499

Reason(s) for filing (Check proper box)

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"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Salazar Com	9	So. Blanco Pictured Cliffs	Federal	SF-080136
Location			State, Federal or Fee	SF-078884
Unit Letter	H	1800 Feet From The North Line and 1010 Feet From The East		
Line of Section	22	Township 25 North Range 6 West	NMPM, Rio Arriba	County

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				P. O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?	No	When	Soon	

If this production is commingled with that from any other lease or pool, give commingling order number: Applied For

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-27-84	1-23-85	3384	3345					
Elevations (DT, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6379 KB	So. Blanco Pict. Cliffs	2342	3345					
Perforations			Prod. Packer					
2342, 44, 46, 48, 50, 52, 54, 56, 58, 60, 62, 64, 2421, 27, 44.			2459					
(15 holes) 0.33" dia.			Depth Casing Shoe					
			3384					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 3/4	7"	129 KB	75 sx (88 CF)
6 3/4	4 1/2"	3384	710 CF (Top cement 50 from Surface)

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
APR 04 1985
OIL CON. DIV.

NATURAL GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
834	3 hours	0	--
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	None	691 7 day	3/4

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.

Operator
(Signature)
April 3, 1985
(Date)

OIL CONSERVATION DIVISION

APR 04 1985

APPROVED
BY
TITLE
Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT #9

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.
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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 multiple.