

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
RETURN	
REGISTRATION OFFICE	
STAMP	

CURTIS J. LITTLE

Address
P. O. Box 1258, Farmington, N.M. 87499

RECEIVED
SEP 23 1985
OIL CON. DIV.
DIST. 3

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name SALAZAR	Well No. 11	Pool Name, Including Formation South Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Fee	Lease No.
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Location
Unit Letter **C** : **790** Feet From The **North** Line and **1760** Feet From The **West**

Line of Section **22** Township **25N** Range **6W**, NMPM, Rio Arriba County

RESIGNATION 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.	Is gas actually connected? When
	No Soon

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

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 8-5-85	Date Compl. Ready to Prod. 9-16-85	Total Depth 3345	P.B.T.D. 3268					
Elevations (D, RT, GR, etc.) 6643	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2294	Tubing Depth 3217					
Perforations 2294, 2302-22, 38-44 (16 holes, 2 ft. apart, 0.33 dia.)				Depth Casing Shoe 3300 GL				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	127	75sx 2%CaCl(88CF)
6 3/4	4 1/2	3300 3000	280sx(448CF) 65-35 poz w/6% gel, 4#Hiseal & Circulated.
			200 sx (254CF); 65-36 pozw/2%gel.Cement

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)

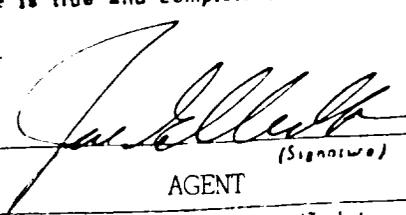
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 596	Length of Test 3 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (shut-in) n/a	Casing Pressure (shut-in) 10 days SI - 672	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.


AGENT
(Title)

9-19-85
(Date)

OIL CONSERVATION DIVISION
SEP 23 1985

APPROVED _____
BY _____
Original Signed by FRANK T. CHAVEZ
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 multiple completed wells.