

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

RECEIVED  
JAN 28 1988  
OIL CON. DIV.  
DIST. 3

I. Operator  
T. H. McELVAIN OIL & GAS PROPERTIES

Address  
Post Office Box 2148, Santa Fe, New Mexico 87504-2148

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Gashead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

Change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Airlaway	Well No. 1	Pool Name, including Formation Escrito Gallup	Kind of Lease State, Federal or Fee State (NM)	Lease No. E-9055-16
Location Unit Letter <u>G</u> : <u>1585</u> Feet From The <u>North</u> Line and <u>1925</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>24 North</u> Range <u>7 West</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) 115 Inverness Drive East, Englewood, Colorado 80112					
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Post Office Box 4990, Farmington, NM 87499					
Well produces oil or liquids, or location of tanks.	Unit G	Sec. 36	Twp. 24N	Rge. 7W	Is gas actually connected? No	When WOPLC

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

George B. Broome  
George B. Broome (Signature)  
Geological Engineer  
(Title)  
January 14, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 28 1988  
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 multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-08-87	Date Compl. Ready to Prod. 12-26-87		Total Depth 5600'		P.B.T.D. 5545'				
Elevations (DF, RKB, RT, GR, etc.) 6710 GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 5273'		Tubing Depth 5239'				
Perforations 5464-70(12 holes), 5436-52(12 holes), 5398-5422(12 holes), 5273-81(12 holes)						Depth Casing Shoe 5604'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12- 1/4"	8 - 5/8" 20# H-40		0 - 265'		295 sks (295 ft <sup>3</sup> )				
7- 7/8"	4 - 1/2" 10.5# J-55		0 - 5604'		950 sks (1695 ft <sup>3</sup> )				
					2 stages				
					DV Tool @ 2282'KB				

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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 12-26-87	Date of Test 12-29-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 120 psi	Casing Pressure 600 psi	Choke Size 64/64
Actual Prod. During Test	Oil - Bbls. 68	Water - Bbls. 40*	Gas - MCF 125

GAS WELL		* frac water	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prod. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size