SANTA TE 0 10

OIL CONSERVATION DIVISION P. O. DOX 2088 SANTA FE, NEW MEXICO \$7501

NMOC - 4, USGS - 1

B.K.

REQUEST FOR ALLOWABLE

-	DIL					AN	D			10	<i>' '</i>		
DEFRATOR	1 - 1			AUTHORIZ	OT NOITA	TRANSP	ORT OIL	AND NATUR	RAL GAS				
PAURATION DE	PICE								<u>-</u>				
Operaion													
	Mes	<u>a Pet</u>	<u>roleum Co</u>	•									
Adairs	1.00				- 00	00004					. •		
Reason(s) for f			coln Stre	et, Denve	er, $to e$	80264		Other (Please	eroloun)				
	יז פחונוי 	Υ Τ΄ ΕΥ Ρ'	oper pury	Change in T	ransporter of	I•		O ,	-				
Now Well	<u> </u>	꼭		OII		 Dry Gas		•					
Aecompletion	[╡			~ 片	Condens	=						
Change in Den	ership[Casinghead		Condens	ا ت						
if change of o						••				<u>-</u>			
DESCRIPTION Lease Name	ON OF	WELI	L AND LEA	SF.	pol Name, In	cluding Fo	tmation		Kind of L	ease		Leose N	
_		مراميم	-1 26 ·	1, 1	Lybrook			-	State, Fed	deral or Fee	Federal	NM 1223:	
S. Bla	inco	reder	<u>d 1 20 </u>		Lybrook	durrab	LAU.		<u> </u>		7000141		
	11				The N	···· Line		330	Feet Fr	on The	F		
Unit Letter	н_	-	:2290_	_ Feet From	The II	Line	and		/ eet / :	OW 116			
Line of Sec	tion	26	Townsh	24N	п	ange	8W	, NMPM	•	San Juan	<u>'-</u>	Count	
		TDA		OF OIL A	ND NATE	RAT. GAS	5				•	•	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA								Address (Give address to which approved copy of this form is to be sent)					
							P n R	ox 1183,	Houston	Teyas	77001	-	
- Permian Corporation Diagraph of Authorized Transporter of Casinghead Gas (A) or Dry Gas								Give address	to myrcy of	pproved copy	of this form is	to be sent)	
Mesa F					•		1660 I	incoln St	reet. D	enver. O	0 80264		
<u> </u>			Lin	ii Sec.	Twp.	Rge.		ually connect		When	0020.		
If well produc give location	of tor.ks		·	26	24	8W	No		<u> </u>	ASAF			
If this produc	tion is	commi	ngled with th	at from any	other lease	or pool,	give comm	ningling orde					
			1			as Well	New Well	i Work over	Deepen	Plug E	Bock 'Same Fie	s'v. Diff, Re	
Designat	e Typ	e of C	ompletion -	- (A)	X :		X				1	1	
Date Spudded			Do	ie Compl. Re	ody to Prod.		Total Dep	•	•	P.B.T			
⁻ 7-15-8	81			8-19-	81	<u> </u>	!	7041			5660'	·	
Elevetions (D.		, RT, G	R. etc.j No	me of Produc	_	n 	Top OII/0	•		Tubin	g Depth		
6897	' GR	 	L	Gal	lup		5	3821		- D1	5636 Casing Shoe		
Perforations				:	**				٠, .	Depin	Casing Subs		
5382'	- 56	09'											
							CEMENT	TING RECOP		- 1			
	HOLE				TUBING !	SIZE	ļ <u>.</u>	DEPTHS	ET		SACKS CE		
	12-1/4	11 		8-	5/8" ' ₂ "	· · · · · · · · · · · · · · · · · · ·		241'			sxs Class		
	7-7/8	····		4-:	2"		<u> </u>	5704'			sxs 50/50		
							!			1 220	sxs 50/50	J DOZ	
			i_				!				· · · · · · · · · · · · · · · · · · ·		
TEST DATA	A AND	REQ	UEST FOR	ALLOWAB	LE (Test	must be a	ter recover	ry of total vol: or full 24 hour	ume of look el	dolland mus	the equal to or	excess top al	
OIL WELL				ne of Test	CDIS	Jor this ac	Producin	g Method (Flo	w. pump. g	as lift, etc.)		 	
Dote First Ne			Tanks D			*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
L		1-81		9-2-			Cceing P	Pumpir	<u>. </u>	Chok	• Sixe		
Length of Te				using Pie≡ur n\u				20 psi_			N/A		
	24			N/A			Water - B			Gas-	MCF		
Actual Prod.		Test	۱۲	li-Bbia.	70			-0-		.	120		
	70				70		1	-0-	POPIL		120		
•)	/FN\			
GAS WELL				ength of Test			Bbla. Co	nder el AM	 	La Carre	ity of Condense	10	
Actual Prod.	T-=1-1	ICI VD		angin bi jesi			1	1		1001			
				hi-a 8:	-154.4-15	`	Cosing F	Teas Wal Ebe	E P O P	199 1 CH	e Size		
Testing Melhod (pitol, back pr.) Tubing Piesewe (Shut-In)									CON.	COM			
!							 			NUTA	DIVICION		
CERTIFICA	ATE C	F CO	MPLIANCE					Oll	JUNSER	NOT DIV		- 4004	
					_			OVED	<u> </u>		SEP	1.0 <u>1981</u>	
I hereby cer	tlfy the	it the r	ules and reg	ulations of t	he Oil Con	servation	APPA		-1 C:l	EDANY T			
			diad with a	od that the	iniormation	given	Original Signed by FRANK T. CHAVEZ						
above is true and complete to the best of my knowledge and belief.								SUPERVISOR DISTRICT # 3				TRICT # 3	
								E					
							Т т	his form is	to be file	d in compli	ance with RU	LE 1104.	
	,		,	. /		•	- 1		ound for	allowable	for a newly dri	illed or deep	
		<u>'</u>	(SignalL				11	this form my	at he ecc	omusaled b	y a tahulation	of the device	
			(Jigna) L				1-414	teken on the	, well in	# COLVEDE	with AULE 1		

Division Production Supervisor (Tille)

September 2, 1981

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own wall name or number, or transporter, or other such change of condit Bepairte Forms C-104 must be filed for each pool in multi-