DISTRIBUTION TERMENICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS **OPERATOR** PRORATION OFFICE Caullins Oil Company P.O. Box 780, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: XX Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Lease No. 102 Undes Gallup Breech State, Federal or Fee NM 03551 Fed Location ·N South Line and 1980 Feet From The Unit Letter Feet From The West 26 North Range 6 West Line of Section Township , NMPM, Rio Arriba County Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Pro. Box 1588, Farmington, New Mexico Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Gas Company of New Mexico 1508 Pacific Ave. Dallas, Texas P.ge. Unit Sec. Twp. Is gas actually connected? If well produces oil or liquids, give location of tanks. 26 N 6 N C 9 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Workover Gas Well Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion -(X)Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 6604 6770 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 6538 Gr. Gallup 6502 6430 Perforations Depth Casing Shoe 6502-6510 6522-6530 6548-6546 6770 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 10 3/4" 449 300 7" 3/4" <u>6770</u> 200 3/8" 6430 V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL 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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate **ε7**9 3 Hours Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Back Pressure 1350 VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED_ I hereby certify that the rules and regulations of the Cil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Original Signed by A. R. Mendrica

TITLE _

Superintendent

11-5-76

(Title)

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despende 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.

Senerate Forms C-104 must be filed for each cool in multiply