

NEW MEXICO OIL CONSERVATION COMMISSION

P. O. BOX 871
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) (~~88~~) **8F-5969**

DATE **9-13-65**

NOTICE OF WELL CONNECTION OR AUTHORITY TO ASSIGN ALLOWABLE ALL VOLUMES EXPRESSED IN MCF

The operator of the following well has complied with all the requirements of the Oil Conservation Commission and may be assigned an allowable as shown below.

Date of Connection _____ Date of ~~EXEMPTION~~ Allowable Change **2-1-65**
Purchaser **EPNS** Pool **SOUTH BLANCO-FC**
Operator **INTERNATIONAL OIL & GAS** Lease **MEL FEDERAL**
Well No. **9** Unit Letter **L** Sec. **6** Twp. **2226** Rnge. **7**
Dedicated Acreage _____ Revised Acreage _____ Difference _____
Acreage Factor **1.00** Revised Acreage Factor _____ Difference _____
Deliverability **218** Revised Deliverability _____ Difference _____
A x D Factor **218** Revised A x D Factor _____ Difference _____
DECLASSIFIED & TO NM **ORIGINAL SIGNED**

BY **FRED MARES**
SUPERVISOR, DISTRICT
GAS PRORATION SECTION

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

| MONTH | % OF MO. | ALLOWABLE DIFFERENCE | MONTH | % OF MO. | ALLOWABLE DIFFERENCE |
|----------|---------------|----------------------|-----------|----------|----------------------|
| JANUARY | | | JULY | | 3650 |
| FEBRUARY | 1.0000 | 3892 | AUGUST | | 4060 |
| MARCH | | 4352 | SEPTEMBER | | 3333 |
| APRIL | | 5126 | OCTOBER | | |
| MAY | | 3604 | NOVEMBER | | |
| JUNE | | 3486 | DECEMBER | | |

TOTAL AMOUNT OF (Cancelled or Additional) ALLOWABLE **Non-Marg. 31503 +2556 Redist.**

PREVIOUS **AUG.** MONTH NET ALLOW. **Marg.** REVISED **AUG.** MONTH NET ALLOW. **2619**

PREVIOUS **SEPT.** MONTH CURRENT ALLOW. **Marg.** REVISED **SEPT.** MONTH CURRENT ALLOW. **3333**

EFFECTIVE IN THE **OCT.** MONTH PRORATION SCHEDULE.

REMARKS: **Production charged (28107)**

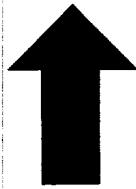
NOTICE OF SHUT-IN

The following described well has been Shut-in for Failure of Compliance:

Purchaser _____ Pool _____ Date _____
Operator _____ Lease _____
Well No. _____ Unit Letter _____ Sec. _____ Twp. _____ Rnge. _____
Effective date of Shut-in _____ Reason for Shut-In _____

A. L. PORTER, Jr., Director

By _____



LTR



Job separation sheet

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | 5 |
| SANTA FE | 1 |
| FILE | 1 |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | 2 |
| PRORATION OFFICE | |

I. Operator Depco Inc.
Address 825 Petroleum Club Building, Denver, Colorado 80202
Reason(s) for filing (check proper box) Other (Please explain)
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 International Oil & Gas Corporation, 825 Petroleum Club Building, Denver, Colorado 80202

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|------------------|---------------------|--------------------------------------------------------------------------|--------------------------------------|
| Lease Name | Lease No. | Well No. | Pool Name, Including Formation | Kind of Lease |
| <u>MKL</u> | <u>SF 079162</u> | <u>9</u> | <u>South Blanco - P.C.</u> | <u>State, Federal or Fee Federal</u> |
| Location | | | | |
| Unit Letter | <u>L</u> | <u>1650</u> | Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> | |
| Line of Section | <u>6</u> | Township <u>26N</u> | Range <u>7W</u> , NMPM, <u>Rio Arriba</u> | County |

III. 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 Co.</u> | <u>Box 990, Farmington, New Mexico</u> | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | <u>Twp.</u> | <u>Rge.</u> |
| | Is gas actually connected? | When |
| | <u>Yes</u> | <u>5-12-52</u> |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'tv. | Diff. Res'tv. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| Perforations | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. 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 |
| 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 |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION
APPROVED JUN 6 1966, 19
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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.

JUN 2 1966
(Date)