PARTON OFFICE

OPERATOR

PARTATOR

P

II.

I.

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

PROMATION OFFICE	AUTHORIZATION TO TRAN	SPORT OIL AND NATURA	AL GAS		
Operator					
National Coop	erative Refinery Assoc.				
	ilding, Midland, Texas 79	970 <b>1</b>			
Reason(s) for filing (Check proper b	ox)	Other (Please e			
New Well	Change in Transporter of:  Change of operator from Bolin Oil				
Recompletion Change in Ownership	Oil Dry Gas Company to National Coop. Refinery Casinghead Gas Condensate Association.				ry
76 -1		7,3300,1411			<del></del> -
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL ANI	)   FASE				
Lease Name	Well No. Pool Name, Including		ind of Lease	<u> </u>	Lease No.
Candado	13   Blanco Pictur	red Cliffs, So. s	ate, Federa	lorFee Federal	SF079161
	)' Feet From The North L	ine and 990	Feet From 7	m. Wost	
		d.i.d	reetrion	ne_west	
Line of Section 4 T	ownship 26N Range	7W , NMPM,	Rio A	ribba	County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	GAS			
Name of Authorized Transporter of O		Address (Give address to u			
Plateau, Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]		4775 Indian School Rd, NE, Albuquerque, NM 8711 Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Ga	<del></del>	P.O. Box 990, Fa		•	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?			
give location of tanks.	D 4 26N 7W	Yes		1956	
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool	, give commingling order nu	ımber:		
Designate Type of Completi	on - (X) Gas Well	New Well Workover	Deepen	Plug Back   Same Res'v.	Diff. Rest
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u></u>
E1			· .		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations				Depth Casing Shoe	
	7710110 016110 111	D CEUENTINO DECODO			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMEN	
					<del></del>
rest data and request f	OR ALLOWABLE (Test must be c	ofter recovery of total volume c	of load oil a:	nd must be equal to or exce	ed top allo
DIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pu			
Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas iiji,	, etc./ 	`,
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbla.		Ggs - MCF	<del></del>
Actual Fica. During 1881	O Bull.				
		<del></del>			, i
ACTUAL Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	1	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	)	Choke Sixe	
ERTIFICATE OF COMPLIANCE	LE T	Oil CONS	SERVATION	ON DIVISION	
ENTIFICATE OF COMI LIAM	•	OIL COIN	DÉC	on division 29 1980	
	regulations of the Oil Conservation	APPROVED		. 19	
ivision have been complied with pove is true and complete to the	best of my knowledge and belief.	BY			<u> </u>
	1	TITLE	SUPERVI	SOR DISTRICT 雅 3	
2011	,	This form is to be	filed in co	mpliance with RULE 11	04.
15. X (V)	msm	If this is a request	for allowal	ble for a newly drilled o	r deopene:
/ (Signa	itwe)	well, this form must be tests taken on the well	in accorde	ance with AULE 111.	
Dist. Prod. Su (Ti		All sections of this able on new and recomp	. form must	be filled out completely	for allow
12-24-80		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			
(Da	ie)			nor other such change of be filed for each pool.	
		and the second of the second o		•	•