5 OCC 1 McHugh 1 NWP 1 File NO OF COPIES SECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE Ĺ AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE <u>Jerome P. McKugh</u> Reason(s) for filing (Check proper box) Residue (Check proper box) Other (Please explain) <u>KX</u> New Well Change in Transporter of: Oil Dry Gas Recompletion Casinahead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee 3 Tapacito P.C. Ind Cont *#*117 Tiger 990 D Feet From The north Line and 790 Feet From The West Unit Letter Rio Arriba County , NMPM, 27 31 Line of Section Township 26N Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Co. Box 990, Farmington, New Mexico 87401 Is gas actually connected Unit If well produces oil or liquids, give location of tanks. 26 26N 3W D If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Resty. Diff. Resty Oil Well Plua Back Designate Type of Completion - (X) **X** Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded <u> 39**7**5 '</u> 7/12/71 4000 Top Oil/Gas Pay 6/27/71 Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 38901 7264' Gr. 38911 Pictured Cliffs Depth Casing Shoe 3891' - 3905' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 8 5/8" 1541 80 sx. 1/2" 200 sx. 4 4017 1 1/4" 38901 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Ggs - MCF Oil - Bbls. Actual Prod. During Test

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

Actual Prod. Test-MCF/D

494

3 hrs

Testing Method (pitot, back pr.)

One pt. bk press.

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Choke Size

1037

1037

3/4!

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.

	Ofthe open Section 18 A. Dayan
	(Signature)
Engi	neer (Title)
2/2/	
	(Date)

OIL CONSERVATION COMMISSION

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.