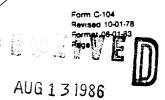
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			Ī
SANTA PE			
FILE		Γ.	
U.S.G.S.		l	
LAND OFFICE			
TRANSPORTER	01L		
	GAS		
OPERATOR			
PROBATION OFFICE		1	

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE. NEW MEXICO 87501



REQUEST FOR ALLOWABLE

OIL CON. DIV.

	PORT OIL AND NATURAL GAS DIST 3
NORMAN L. and LORETTA E.	GILBREATH 15989
Address Box 208 AZTEC NEW Resson(s) for filing (Check proper box)	MEXICO 87410
Reason(s) for filing (Check proper box) Change in Transporter of:	Other (Please explain)
Recompletion Oil Dr	y Gas 30-039-21414 andensate
	WALNUT HILL LANE SUITE 129 DALLAS TEXAS
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease No.
	RED CLIFFS State, Federal or Fee STATE E2-877-5
Unit Letter J: 1505 Feet From The South Lin	7 W NMPM, RIO ARRIBA County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of OII or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas ELPASO NATURAL GAS ComPANY If well produces oil or liquids, Unit Sec. Twp. / Rgs.	Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) BOX 1492 EL PASO TEXAS Is gas actually connected? When
If this production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have	OIL CONSERVATION DIVISION APPROVED SEP 23 1986
been complied with and that the information given is true and complete to the best of my knowledge and belief.	Sout Sal
Oman Lalheatts Silvano (Title) 8-13-86 (Date)	TITLE 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 filled for each pool in multiply completed wells.

Designate Type of Completi	ion - (X)	Gas Well New Wo	Workover	Deepen	Plug Back	Same Restv.	DIIL Res'y
Date Spudded	Date Compi. Ready to Prod.	Total C	Depth		P.B.T.D.	<u> </u>	<u> </u>
Elevations (DF, RKB, RT, GR, etc.,	, Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations				Depth Casing Shoe			
	TUBING, CAS	ING, AND CEME	NTING RECORD		<u> </u>		
HOLE SIZE	CASING & TUBING	SIZE	DEPTH SET		SACKS CEMENT		
			*				
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Rus To Tanks	FOR ALLOWABLE (Test able	for this depth or be	very of total volume for full 24 hours) mg Method (Flow, p			qual to or enee	ed top allow
Length of Teet	Tubing Pressure	Casing	Presure		Choke Size		
Actual Prod. During Test	Cu-Bala.	Water -	Shie.		Gas - MCF		
GAS WELL							<u></u>
Actual Prod. Test-MCF/D	Length of Test	Shie. C	andensete/NMCF		Grevity of C	andeneate	· · · · · ·
Teeting Method (picet, back pr.)	Tubing Proceure (Shet-in)	Casing	Pressure (Shut-13	•)	Choke Size		

IV. COMPLETION DATA