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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2086
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator National Cooperative Refinery Assoc.	
Address 2215 Wilco Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change of operator from Bolin Oil
Recompletion ☐	Company to National Coop. Refinery
Change in Ownership ☐	Assoc.
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE				
Lease Name Candado	Well No. 22-A	Pool Name, including Formation Blanco Mesaverde (Dual)	Kind of Lease State, Federal or Fee Federal	Lease No. SF079161
Location Unit Letter <u>D</u> ; <u>1190</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u>				
Line of Section <u>4</u> Township <u>26N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☐ or Condensate ☒		Address (Give address to which approved copy of this form is to be sent)		
Plateau, Inc.		4775 Indian School Rd. NE, Albuquerque, NM 87110		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company		P.O. Box 990, Farmington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 4	Twp. 26N	Rge. 7W
				is gas actually connected? Yes
				When December 1979

COMPLETION DATA									
Designate Type of Completion - (X)									
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

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 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
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	APPROVED <u>DEC 29 1980</u> , 19
<u>B. J. Hinson</u> (Signature) Dist. Prod. Supt. (Title) 12-24-80 (Date)	BY <u>[Signature]</u> SUPERVISOR DISTRICT # <u>3</u> 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 deviate 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 transportation of other wells.