

5-OCC, Aztec, N.M.

STATE OF NEW MEXICO

ENERGY AND MINERAL RESOURCES DEPARTMENT

Form 1104
Revised 12-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2018

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
Bolin Oil Company	
Address	
P. O. Box 400, Aztec, New Mexico 87410	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Candado	24-A	Otero Chacra (dual)	State, Federal or Free Fed.	SF079161
Location				
Unit Letter	E	1490 Feet From The	N	Line and 905 Feet From The
Line of Section	9	Township	26N	Range 7W, NMPLM, Rio Arriba County

III. 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)	
N/A		
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, N.Mex. 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
Is gas actually connected?	When	
No		

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Low Well	Workover	Deepen	Plug Back	Some Rest's	Diff. Rest's
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11/20/79	4/16/80		4688' KB		4630' KB			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6063' GL	Chacra		3060'		3146' KB			
Perforations					Depth Casing Shoe			
3060' - 3152'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		306' KB		200 sxs. to surface.			
7 7/8"	5 1/2"		4682' KB		800 sxs. DV tool.			
	1 1/4"		3146' KB					

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)

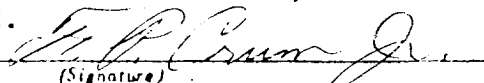
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
809 AOF	3 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back pressure	1038#	1122#	3/4"

CERTIFICATE OF COMPLIANCE

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.

*** Notarized Deviation Survey on file
w/NMOCC.

Agent, BOLIN OIL COMPANY

(Title)

4/19/80
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 20 1980, 19

BY

SUPERVISOR DISTRICT # 3

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.