MINERALS DEPARTMENT ENER

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DISTRIBUTION			
SANTA FE			Ш
FILE		<u> </u>	
U.S.G.S.		ļ	L_
LAND OFFICE			\sqcup
TRANSPORTER	OIL	<u> </u>	Ш
	GAS	_	Ш
OPERATOR		<u> </u>	\sqcup

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND TION TO TRANSPORT OIL AND NATURAL GAS

,	PROBATION OFFICE							
	Operator							
	P.O. Box 780 Farmington, New Mexico							
Ì	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well Change in Transporter of:							
	Recompletion							
	Change in Ownership Casinghead Gas Condensate XX							
	If change of ownership give name and address of previous owner	<u> </u>	,					
П.	DESCRIPTION OF WELL AND L	EASE Weil No., Pool Name, Including Fo	ormation	Kind of Lease		Lease No.		
	Lease Name State "A" .		State, Feder			E-291-17		
	Location							
	Unit Letter D : 1040 Feet From The North Line and 1120 Feet From The West							
	Line of Section 2 Tow	nahip 26 North Range	6 West , NMP	u, Rio,Ar	riba	County		
m.	DESIGNATION OF TRANSPORT	er of oil and natural ga	S Acdress (Give address	to which approv	ed copy of this form is	to be sent)		
	Name of Authorized Transporter of Cil				ngton, New Mex			
	Giant Refinery Name of Authorized Transporter of Cas		Address (Give address to which approved copy of this form is to be sent)			to be sent)		
	Gas Company of New Mexico 1508 Pacific Ave Dallas, Texas							
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When					
	give location of tanks.	D 2 26 N 6 W		-				
TV	If this production is commingled with COMPLETION DATA					s'v. Diff. Res'		
14.	Designate Type of Completio	n = (X) Oil Well Gas Well X	New Well Workover	Deepen	Plug Back Same Re	i		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	5 14-83	7-7-83	7612	1	7612 Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		7555°			
	6592 GR	Dakota	1312		Depth Casing Shoe			
	7590' to 7372' Dakota 7612'							
		TUBING, CASING, AND	D CEMENTING RECO	RD	, _			
	HOLE SIZE	CASING & TUBING SIZE	OEPTH:	SET	SACKS CE			
	13 3/4"	9 5/8"	403'		354 Cu.Ft.(30			
	7 7/8"	5 1/2" 1 1/2"	7612 '		12004 Ca.FL.(1300 Sacks)		
		1 1/2	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
v.	TEST DATA AND REQUEST FOR ALLOWABLE (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)							
	OIL WELL Date First New Oil Run To Tanks	Date of Teet	Producing Method (Fi	Producing Method (Flow, pump, gas lift, etc.)				
	Length of Teet	Tubing Pressure	Casing Pressure		Choke Stre	·····		
	Length of 1481			: 	Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		GGS - MC1			
ļ								
	GAS WELL	Length of Test	Bbis. Condensate/MM	ICF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	3 Hours						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Sh		Choke Size	4"		
	Back Pressure	\$ 1600		PKR		4		
VI.	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 the best of my knowledge and belief.		9-23-83	SEP 2	TION DIVISION 1983	. 19		
			APPROVED					
	Division have been complete with and that the instance and belief, showe is true and complete to the best of my knowledge and belief.		With the second					
			TITLE					
	$1/(n \in n)$.		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen.					
	Charles & Organia		II					
	Superinte	tests taken on the well in accordance with ROLL tit.						
	- Super Inter	il able on new and recompleted wells.						
	8-8-83	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						
	(D	ate)	Separate Fo	rms C-104 mu	at be filed for each	pool in multip		