

OIL CONSERVATION DIVISION

Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

NOV 15 1985

OIL CON. DIV.

DIST. 3

CURTIS J. LITTLE

Address  
P. O. Box 1258, Farmington, New Mexico 87499

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>SALAZAR</b>	Well No. <b>13</b>	Pool Name, Including Formation <b>South Blanco Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>SF-080136</b>
Location Unit Letter <b>F</b> : <b>1890</b> Feet From The <b>North</b> Line and <b>1490</b> Feet From The <b>West</b> Line of Section <b>27</b> Township <b>25North</b> Range <b>6West</b> , NMPLM, <b>Rio Arriba</b> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 1492, El Paso, TX 79978</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <b>no</b> <b>soon</b>

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded <b>10-10-85</b>	Date Compl. Ready to Prod. <b>11-01-85</b>	Total Depth <b>3265'</b>	P.B.T.D. <b>3241'</b>					
Elevations (DT, RT, GR, etc.) <b>6348' GR</b>	Name of Producing Formation <b>Pictured Cliffs</b>	Top Oil/Gas Pay <b>2214</b>	Tubing Depth <b>n/a</b>					
Perforations			Depth Casing Shoe <b>3253'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/4"</b>	<b>8 5/8"</b>	<b>130'</b>	<b>(89CF) 75sx poz w/2% CaCl</b>					
<b>6 3/4"</b>	<b>4 1/2"</b>	<b>3253'</b>	<b>(570CF) 350sx Howco lite, 200sx</b>					
			<b>(250CF) 65-35 poz w/2% gel</b>					
			<b>All Circulated</b>					

V. 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 <b>1599</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF <b>---</b>	Gravity of Condensate <b>---</b>
Testing Method (pilot, back pr.) <b>Back pr.</b>	Tubing Pressure (shut-in) <b>n/a</b>	Casing Pressure (shut-in) <b>749 psig 7 days</b>	Choke Size <b>3/4"</b>

I. 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.

Operator

(Title)

11-14-85

(Date)

OIL CONSERVATION DIVISION

DEC 30 1985

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

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 deepen 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 multiphase completed wells.