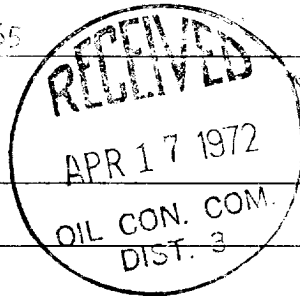


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OPERATOR		2
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.I.



I. OPERATOR

Operator Zoller & Danneberg Exploration, Ltd. Agent T. F. Popp

Address 1600 Broadway Denver, Colorado 80202 107 S. Turkey Creek Morrison, Colorado 80465

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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.
<u>Z & D Presidio Federal</u>	<u>1</u>	<u>Unders East Dakota</u>	<u>Federal</u>	
Location				
Unit Letter	<u>L</u>	<u>1510</u> Feet From The <u>south</u> Line and <u>300</u> Feet From The <u>West</u>		
Line of Section	<u>19</u>	Township <u>25N</u> Range <u>8W</u> NMPM, <u>San Juan</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Permian Corp.</u>	<u>1600 Broadway, Denver, Colorado 80202</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>10</u>	<u>25N</u>	<u>8W</u>	<u>NO</u>		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>12/25/71</u>	<u>2/22/72</u>	<u>6715</u>	<u>6413</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>6581 RD</u>	<u>Graneros</u>	<u>6338 KB</u>	<u>6323 RD</u>					
Perforations						Depth Casing Shoe		
<u>6338-6350</u>						<u>6715</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4</u>	<u>8-5/8</u>		<u>200</u>		<u>150 sx</u>			
<u>7-7/8</u>	<u>4-1/2</u>		<u>6715</u>		<u>400sx @ 6715, 430sx 4694</u>			
					<u>300 sx @ 6020</u>			
	<u>2" EUE</u>		<u>6323</u>		<u>Anchor in 4-1/2</u>			

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.)	
<u>March 3, 1972</u>	<u>April 1, 1972</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	<u>-0-</u>	<u>25-30 psi</u>	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>310 bbls</u>	<u>300</u>	<u>10</u>	<u>TSTM</u>

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Thomas F. Popp
Engineer
(Signature)
(Title)
4/10/72
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 16 1972, 19____
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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.