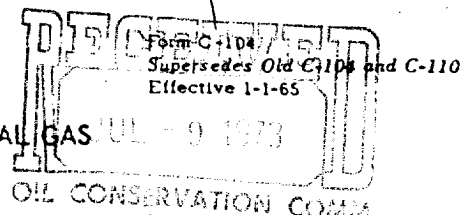


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TRANSPORTER	OIL	1
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OPERATOR		2
PRORATION OFFICE		

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

CORRECTED



PLEASE NOTE NEW ADDRESS

Operator Zol-Dan Oil Company	
Address 202 Pere Marquette Building, New Orleans, Louisiana 70112	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Operator incorrectly shown on previous form dated 1-23-73

II. DESCRIPTION OF WELL AND LEASE

Lease Name Presidio Federal	Well No. 1	Pool Name, Including Formation Dufer's Point <i>dk</i>	Kind of Lease State, Federal or Fee Federal	Lease No. SF078474
Location				
Unit Letter <i>1/L</i> : 1,510 Feet From The South Line and 900 Feet From The West				
Line of Section 19 Township 25N Range 8W, NMPM, San Juan 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 202 Pere Marquette Building, New Orleans, La. 70112	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	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 1	Sec. 19
	Twp. 25N	Rge. 8W
	Is gas actually connected? NO	
	When	

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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-29-71	Date Compl. Ready to Prod. 2-2-72	Total Depth 6,717		P.B.T.D. 6,413					
Elevations (DF, RKB, RT, GR, etc.) 6,581 KB	Name of Producing Formation Graneros-Dakota	Top Oil/Gas Pay 6338 KB		Tubing Depth 6323 KB					
Perforations 6,338 - 6,350	Depth Casing Shoe 6,715								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4	8 5/8	200		150					
7 7/8	4 1/2	6,717		400 @ 6717, 430 @ 4694 and 300 @ 2099					
	2" EUE	6,323		Anchor 6300					

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 March 3, 1972	Date of Test April 1 - 9	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test	Tubing Pressure	Casing Pressure 25 - 30	Choke Size
Actual Prod. During Test 310	Oil-Bbls. 300	Water-Bbls. 10	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

*[Signature]*  
(Signature)  
ACTING TREASURER  
(Title)  
July 6, 1973  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JUL 11 1973  
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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.