

RECEIVED
JUL 6 1982
OIL CON. COM.
DIST. 3

P.O. Box 2810, Farmington, New Mexico 87401

Other (Please explain)

Change in Transport of:			
Oil	<input type="text"/>	Dry Gas	<input type="text"/>
Casinghead Gas	<input type="text"/>	Condensate	<input type="text"/>

DESCRIPTION OF WELL AND LEASE.

Location

Unit Letter B ; 660 Feet From The north Line and 1980 Feet From The east

Line of Section 6 Township 25 North Range 12 West , NMPM, San Juan County

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)	
Ciniza Pipeline					P.O. Box 940, Bloomfield, New Mexico 87413	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					P.O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	5	25N	12W	NO	

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
5/26/82	6/15/82	5090'			5023'				
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
6171' GLE	Bisti Lower Gallup	4817'			4707'				
Perforations						Depth Casing Shoe			
4817'-4843'						5067'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	216'	130 sacks
7-7/8"	4-1/2"	5067'	525 sacks
	2-3/8"	4707'	

(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 6/15/82		Date of Test 6/29/82		Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours		Tubing Pressure		Casing Pressure	Choke Size
Actual Prod. During Test		Oil - Bbls. 27.3	Water - Bbls. 10.1		Gas - MCF 8

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

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(Tulu)

(11016)

APPROVED JUL 6 1982, 1982

Original Signed by FRANK T. CHAVEZ

TITLE _____ SUPERVISOR DISTRICT # 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 allowance 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 Form C-104 must be filed for each pool in multiply