

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO-OPERATION AGREEMENT	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

SOUTHERN UNION EXPLORATION COMPANY

Address P. O. BOX 2179 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)

RECEIVED
MAR 12 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name BERRY FEDERAL	Well No. 1	Pool Name, Including Formation BISTI LOWER GALLUP	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM3936A
Location Unit Letter C : 990 Feet From The N Line and 1980 Feet From The W Line of Section 11 Township 25N Range 13W, NMPM, San Juan County				

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) P. O. Box 1702, Farmington, N.M. 87499	
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. C 11 25 13	Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-22-84	Date Compl. Ready to Prod. 2-19-84	Total Depth 5025'	P.B.T.D. 4974'					
Elevations (DF, RKB, RT, GR, etc.) 6284 G.L.	Name of Producing Formation Tocito (L. Gallup)	Top Oil/Gas Pay 4880-4889	Tubing Depth 4927'					
Perforations 4880-4889	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8" 32.0#	314	260 cu ft C1 B
7 7/8"	5 1/2" 15.5#	5025	265 cu ft 50/50 poz
	2 3/8"	4927	300 cu ft 50/50 poz

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 3-3-84	Date of Test 3-7-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 12	Casing Pressure 12	Choke Size
Actual Prod. During Test 35 BO	Oil-Bbls. 35 BO	Water-Bbls.	Gas-MCF TSTM

GAS WELL

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

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.

San Juan Division Manager
(Signature)
(Title)
Mar. 9, 1984

OIL CONSERVATION DIVISION

MAR 12 1984

APPROVED Original Signed by CHARLES ANDERSON

BY DEPUTY OIL & GAS INSPECTOR, 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 conditions.