

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-9-86	Date Compl. Ready to Prod. 5-19-86			Total Depth 4924'			P.B.T.D. 4880'		
Elevations (DF, RKB, RT, GR, etc.) 6315' GLE	Name of Producing Formation Bisti Lower Gallup			Top Oil/Gas Pay 4754'			Tubing Depth 4510' K.B.		
Perforations 4754'-4763' 4772'-4778' 4788'-4796'							Depth Casing Shoe 4924'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	262'	See Below
7-7/8"	5-1/2"	4924'	See Below
	2-3/8"	4510' K.B.	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5-19-86	Date of Test 5-19-86	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure 20	Choke Size 3/4"
Actual Prod. During Test 60	Oil - Bbls. 60	Water - Bbls. 0	Gas - MCF 17.6

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

Cementing Record

Casing Size

8-5/8"

5-1/2"

Cementing Record

145 Sks (171 cu.ft.) Class "B" with 2% CaCl₂.

400 Sks (1127 cu.ft.) Class "B" containing 3% Econolite and 1/4#/sk Cellophane flakes.

200 Sks (236 cu.ft.) Class "B" with 2% CaCl₂ and 1/4#/sk Cellophane flakes.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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Form C-104
Revised 10-01-78
Format 8-83
Page 1
MAY 21 1986
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Four Corners Exploration Company
Address	P.O. Box 1067, Farmington, NM 87499
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> 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

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.
South Bisti Federal 29	1	Bisti Lower Gallup	State, Federal or Fee Federal	NM 25452
Location				
Unit Letter <u>A</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>29</u> Township <u>25N</u> Range <u>12W</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)					
Giant Refining Company	P.O. Box 256, Farmington, New Mexico 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.	Is gas actually connected?	When
	A	29	25N	12W	No	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)

Contracts Manager
(Title)
May 20, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ MAY 21 1986
BY _____ 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 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.