5-000, Astec, N.M. NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE C AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR V PRORATION OFFICE Bolin Oil Company P. O. Box 400, At 37410 Aztec, New Mexico Other (Please explain) Reason X Change in Transporter of: Dry Gas Oil Recompletion Condensate Change in Ownership If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No.: Pool Name, Including Formation State, Federal or Fee Menco Pictured Cliffs 15 Candado 20. Feet From The N Line and 630 Feet From The ___ Unit Letter _____**D** , NMPM, Line of Section 25 Township 26N Range 77 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Co. C. Box CGO, Fargington, N. Mex. 87401 If well produces oil or liquids, give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Gas Well New Well Workover Designate Type of Completion - (X) XX Total Depth Date Compl. Ready to Prod. Date Spudded 3702 1/2/76 12/3/75 Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 2638 6547' GL Pictured Cliffs 2715 Depth Casing Shoe Perforations 26881 - 27241 37321 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 485 axa 7 7/8" 5311 <u> 3732'</u> 1" 5111 27151 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Choke Siz Casing Pressure Tubing Pressure Length of Test Water - Bbls. Actual Prod. During Test

SEP 2 0 1976 DIST. 3 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condengate 521 AOF 3 hrs. Choke Size

APPROVED.

TITLE .

Casing Pressure (Shut-in) Tubing Pressure (shut-in) Testing Method (pitot, back pr.) 725# 725# Back pressure OIL CONSERVATION COMMISSION

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) agent, Bolin Oil Company (Title)

*** Notarized deviation survey filed w/

(Date)

This form is to be filed in compliance with RULE 1104.

3/4"

Lease No.

County

079107

*** 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.

9/15/76