OIL CONSERVATION DIVISION

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	DOLLING				
	SANTAFE	<u> </u>			
	FILE				
	U.1.0.1,				
	LAND DEFICE	_			
	TRANSPORTER	OIL	 		
		GAS	l		
ı.	OPERATOR		<u> </u>		
	PADRATION OFFICE				
	Operator				

P. O. BOX 2018 SANTA FE. NEW MEXICO 87501

	FILE	SANTA FE, NE	W MEXICO 87501			
	U. \$.70 . \$.			API No. 30-039-23111		
	LAND OFFICE	REQUEST FOR ALLOWABLE				
	THANSPORTER					
	OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
1.	PADMATION OFFICE Gregatat					
		222				
	Turner Production Com	pany				
		ox 516, Aztec, New Mexic	o 87410 (505) 334-2555			
	Reason(s) for filing (Check proper bo					
	New Well	Change in Transporter of:	Other (Please explain)			
	Recompletion					
		H	F 1			
	Change in Ownership	Casinghead Gas Cond-	ensale []	****		
	If change of ownership give name and address of previous owner					
	•					
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation Kind of Lea	50		
	Turner 26			2000		
	Location	1 South Blanco-	Pictured Cliffs State, Feder	101 or Fee Fed. NM-0111-A		
		460 Feet From The South Li	790	Cont		
	Unit Letter 1 ; 14	1 eet 1 fom The Judicii Li	ne and 770 Feet From	The East		
	Line of Section 26 To	wnship 26N Range	7W , NMPM, Rio	Arriba County		
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS			
	Name of Authorized Transporter of Or		Address (Give address to which appr	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas C	ompany	Box 1492, El Paso, Texas 79978			
	If well produces oil or liquids, give location of tanks.	hen				
	<u> </u>	th that from any other lease or pool	aivo compination and a supher			
IV.	COMPLETION DATA	th that from any other lease or pool,	give comminging order number:			
		Oli Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'		
	Designate Type of Completi-	on = (X)	X .			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	11/10/82	4/19/83	4123'	4058'		
	Elevations (DF 3, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	7027' KB 7015' GR	Pictured Cliffs	3100'	3913'		
	Perforations			Depth Casing Shoe 41231		
	3106 to 3114 1 hile p	er foot				
		TUBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 3/4"	8 5/8"	134'	82 sx 97 cu ft. Cir		
	7 7/8"	4 1/2"	4123'	1000 sx 1828 cu ft. Ci		
		2.3/8"	39131			
			<u> </u>	_i		
¥.	TEST DATA AND REQUEST F			land must be equal to or exceed top allo		
	OIL WELL		epth or be for full 24 hours)	life and b		
	Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
	L	Tubing Pressure Casing Pressure		Choke Size		
	Length of Test	1 dbing Pressure	Casing Freezewa			
	Actual Prod. During Test	OII - Bbls.	Water - Bble.	Gas-MCF		
	Actual Place Bulling 1991	0.1 55.2.		1		
	GAS WELL			•		
	Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate		
	Q = 404 AOF = 405	3 Hr.				
	Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Sixe		
	Back Pressure	NA	711	.750		
1 · 1			OIL CONSERVA			
¥ 1.	CERTIFICATE OF COMPLIAN	CE	W , , _			
			6-6-83 APPROVED	, 19		
	I hereby certify that the rules and : Division have been complied with	regulations of the Oil Conservation	BYOriginal Signed by FRANK T. CHAVEZ			
	above is true and complete to the	best of my knowledge and belief.				
			TITLE			
		/				
	6D. 1	Sicle	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation.			
	and Ten	BUCKO				
•		stufe)	well, this form must be accomp tests taken on the well in acco	enied by a testimition of the devisor ordance with RULE 111.		
Agent			All sections of this form must be filled out completely for allow			

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 ownewell name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multipromoleted wells.

(Title)

April 26, 1983