

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
S.E.R.H., Inc.

Address
Box 312, Otis, Kansas 67565

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
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	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner
Petroleum Energy, Inc. Box 2121, Durango, CO 81302

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 5	Well No. 2	Pool Name, Including Formation Beautiful Mtn Mississippian	Kind of Lease XXX Federal XXX	Lease No. N00-C-14-20-4157
Location				
Unit Letter L	1980	Feet From The South	Line and 660	Feet From The West
Line of Section 5	Township 26N	Range 19W	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Giant Refining Company	Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
S.E.R.H., Inc.	Box 312, Otis, Kansas 67565					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 5	Twp. 26N	Rge. 19W	Is gas actually connected? Yes	When 3/25/85

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

IV. 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 2/15/85	Date Compl. Ready to Prod. 3/25/85	Total Depth 6300	P.B.T.D. 6180					
Elevations (D _h , RT, GR, etc.) 5993 GR	Name of Producing Formation Mississippian	Top Oil/Gas Pay 6016	Tubing Depth 6080					
Perforations 6016-40, 6050-73, 6077-90			Depth Casing Shoe 6240					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7 1/4	13 3/8	100	153 CuFt
2 1/4	9 5/8	1491	472 CuFt
8 3/4 * Tapered	7 *	0-4140	1st stg. 396 CuFt
8 3/4 String	4 1/2 *	4140-6240	2nd stg. 649 CuFt

V. 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 3/25/85	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.


AUG 05 1985

GAS WELL

Actual Prod. Test-MCF/D 130	Length of Test 24 hours	Bbls. Condensate/MMCF 1/2	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1670	Casing Pressure (Shut-in)	Choke Size 12/64

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


(Signature)
Agent
(Title)
August 2, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED
Original Signed by CHARLES GHOLSON
BY
TITLE
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 condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.