NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C -104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE SANTA FE Effective 1-1-65 AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE J. Gregory Merrion and Robert L. Bayless P.O. Box 1541, Farmington, NM 87401 Other (Please explain) Reason(s) for filing (Check proper box) X. New Well OII Dry Gas Recompletion Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee Federal SF080238A NIPP Picture Cliff Chaco Location 790 Feet From The North Line and 790 West Feet From The ___ D Unit Letter County NMPM, <u>San Juan</u> Township 26N Range 12W 7 Line of Section 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 87401 P.O. Box 990, Farmington, NM El Paso Natural Gas Company Is gas actually connected? When Sec Twp. Rae. Unit If well produces oil or liquids, give location of tanks. As soon as possible If this production is commingled with that from any other lease or pool, give commingling order number: Same Resty. Diff. Resty. IV. COMPLETION DATA Plug Back Workover Cil Well Gas Well Designate Type of Completion -(X)X Total Depth P.B.T.D. Date Compl. Ready to Prod. 1268 ft 1300 ft. 5/02/77 4/11/77 Tubing Depth Name of Producing Formation Top Oil/Gas Pay Elevations (DF. RKB, RT, GR. etc.) 1163 ft. none Picture Cliff 5991 ft. G.R. Depth Casina Sho Perforations 1294 ft 1163-66, 1173-89 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 10 sacks 5-1/2" 40' 7-7/8" 1294' 4-3/4" 100 sacks 2-7/8" (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 Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF water - Bbis. Cil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D none 1 hr.
Tubing Pressure (shut-in) 480 MCF/day Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) 3/4" 232 PSIG Back Pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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. Langue i ex BY_ SUPERVISOR DIST. **

TITLE _

Hum	L. Mum	
	(Signature)	
	Engineer	
	(Title)	

April 21, 1978 (Date)

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.