## traction memory and HEN HEXILO OH COMES DAVIDOS CONNECTOR Form C-104 57 H L A T F REQUEST FOR AFLO MELL Supersedes Old C-10s and C-11 FILE Effective 1-1-65 100 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LANT STRICE OIL TRAT PORTER OPERATOR 3 API 30--045-23187 PROBATION OFFICE Cherator DOME PETROLEUM CORPORATION Addre 501 Airport Drive, Suite 107, Farmington, New Mexico Reason(s) for filing (Check proper box) 87401 Other (l'lease explain) $\Sigma$ New Well Change in Transporter of: Recompletion Dry Gas Ctl Change In Ownership Casinghead Gas Condensate If change of ownership give name and address of previous II. DESCRIPTION OF WELL AND LEASE. | Well No. | Pool Name, Including Formation Kind of Lease State, Federal or Fee FEDERAL WAW FRUITLAND-PICTURED CLIFF **F**EDERAL NM 7787 Location : 990 \_\_ Feet From The <u>SOUTH</u> Line and \_\_ 790 Unit Letter Feet From The EAST Township 24 26N Range 13W . NMPM. SAN JUAN County 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 📃 or Consensate Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS CO Box 990, Farmington, New Mexico Sec. Unit Twp. P.ge. is gas actually connected? When If well produces oil or liquids, If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Ci. well Gas Well New Well Workover Deeper Designate Type of Completion - (X) Date Compl. Ready to Prod. P.B.T.D. 09/05/78 09/27/78 1350 **'** 13051 Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth 6098 GR FRUITLAND-PICTURED CLIFT 854' & 1170' Perforations Depth Casing Shoe 1336' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE DEPTH SET CASING & TUBING SIZE SACKS CEMENT 9 7/8" 7" 37**'** 30 sacks 4 3/4" 2 7/8" 1336 140 sacks (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 Date First New Off Run To Tanks Date of Test Producing Method (F.ow, pump, gas lift, etc.) 1 1 Length of Test Tubing Pressure Casing Pressure Choke Actual Prod. During Test water - Bbls. GAS WELL Actual Prod. Toot-MCF/D Longth of Test Bale. Condensate/AMCF Gravity of Condeheate 328 3 hours Testing Method (pitot, back pr.) Tubing Pressure (Shut-in ) Casing Pressure (Shut-in) Choke Size BACK PRESSURE 220 psi 220 psi VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED\_ I hereby certify that the rules and regulations of the Oil Conservation By Original Signed by A. P. The detak Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. SUPERVISING DISTRICT # 3 TITLE. This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened . HOLLINGSWORTH and we) well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. DRILLING FOREMAN All sections of this form must be filled out completely for allow-(Tule) able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner, all name or number, or transporter, or other such change of condition. June 5, 1979 (Date) Separate Forms C-104 must be filled for each pool in multiply completed wells.