

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator GREAT WESTERN DRILLING CO.	Well API No.
Address 2550 La Plata Hwy, Farmington, NM 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name BOND FEDERAL	Well No. 1-E	Pool Name, including Formation Ballard P.C.	Kind of Lease State, Federal or Fee	Lease No. SF-078622
Location Unit Letter <u>J</u> : <u>2165</u> Feet From The <u>East</u> Line and <u>2195</u> Feet From The <u>South</u> Line Section <u>13</u> Township <u>26N</u> Range <u>8W</u> , <u>NMPM</u> , 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"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) Box 356, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? J 13 26N 8W No WO pipeline

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-5-91	Date Compl. Ready to Prod. 9-16-91	Total Depth 6774	P.B.T.D. Packer @ 6510					
Elevations (DF, RKB, RT, GR, etc.) 6243	Name of Producing Formation Ballard PC	Top Oil/Gas Pay 6580	Tubing Depth 6510					
Perforations 2149-2154, 2173, 2183						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14-3/4"	10-3/4" 40.5#	365	260 cf class "B"					
8-3/4"	7" 23#	4848	513 cf 65/35 poz + 177					
6 1/2"	4 1/2"	4619-6696 liner	cf class "B"					
			350 cf class "B"					

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-3/8" 6510'

(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 Tank	Date of Test	Producing Method (Flow, pump, gas lift)	RECEIVED JAN 2 1992 OIL CON. DIV. DIST #3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 1235	Length of Test 3 hr	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 1469	Casing Pressure (Shut-in) PC 549	Choke Size 3/4"

VI. OPERATOR 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 John B. Keeling
 John B. Keeling Div. Supervisor
 Printed Name Title
 12-17-91 327-0494
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 14 1992
 By ORIGINAL SIGNED BY ERNIE BUSCH
 Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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