

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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 checked="" 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 Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF-078622
Location Unit Letter J : 2165 Feet From The East Line and 2195 Feet From The South Line Section 13 Township 26N Range 8W, 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"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. 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) P. O. Box 4289 Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 13
	Twp. 26N	Rge. 8W
	Is gas actually connected? No	When? 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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 3-5-91	Date Compl. Ready to Prod. 5-20-91		Total Depth 6774		P.B.T.D. 6690			
Elevations (DF, RKB, RT, GR, etc.) 6243	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 6580		Tubing Depth 6510			
Perforations 6580-90, 6594-96, 6602-08, 6610-16, 6618-30, 6634-42, 6650-53, 6654-67					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 + 6% +			
6 1/2"	4 1/2"		4619-6696		177 cf class "B"			
			6510'		350 cf class "B"			

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

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 Tank	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.

GAS WELL

Actual Prod. Test - MCF/D 1035	Length of Test 3 hr.	Bbls. Condensate/MMCF none	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 1469	Casing Pressure (Shut-in) 549 PC	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
Printed Name John B. Keeling Div. Supervisor
Date 12-30-91 Title 327-0494
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.

104 X 70L
C/O COM. DIA
104 X 70L

1994

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Abstract