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Appropriate District Office
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State of New Mexico
Energy, Minerals and Natural Resources Department

7712 1

Form C-104 Revised 1-1-59 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III	
1000 Rio Brazos Rd., Azicc, NM	37410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRA	NSF	PORT OIL	AND NA	TURAL G	AS				
Operator					· · · · · · · · · · · · · · · · · · ·	·	Well A	II API No.			
	t Exploration & Production Company					30-045-28484					
Address											
PO Box 2810, Farmingt	on, Ne	w Mexi	co	87499	,						
Reason(s) for Filing (Check proper box)		~ .	_	_	Oth	or (Please expl	ain)				
New Well XX	0.7	Change in									
Recompletion	Oil Control		Dry (
Change in Operator	Casinghe	ic Cas [_]	Cond	ensate	· · · · · · · · · · · · · · · · · · ·		 		···		
If change of operator give name and address of previous operator							·				
II. DESCRIPTION OF WELL	ANDIE	AST								•	
Lease Name	AND LE	·, · · · · · · · · · · · · · · · · · ·	Pool	Name, Includi	ne Formation		Kind	of Lcase	1	case No.	
South Bisti 32 G	001				Cur			te, Federal or Fee NM 65382			
Location		3-20,	1 21	SCI DOW	CI Garra	ν	Fe	deral	I INTL O	2362	
Unit Letter G	. 23	10	T	N	orth Lin	. 231	.0 -	ct From The	East		
Ont Letter	- :		_ rcci .	From Inc	ы	c and	ro	cirom inc.		Linc	
Section 32 Townshi	_p 26	N	Rang	c 13W	, Nî	MPM, S	an Juan			County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU							
Name of Audiorized Transporter of Oil	XX.	or Conder	nsaic		Į.	e address to w				ens)	
Giant Refining		, _	·			256, Fa				 · · · · · · · · · · · · · · · · · · 	
Name of Authorized Transporter of Casing	ghead Gas		or Da	y Gas	Address (Giv	e address to w	hich approved	copy of this f	form is to be so	ent)	
If well and have all as the day	1.73-14		In	1 8	le occasion"		1 110	2			
If well produces oil or liquids, give location of tanks.	Unit G	l S∞. I 32	Twp.		Is gas actually	y connected.	When	·			
If this production is commingled with that		·			No No					· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA	itom any oc	ici icase oi	poor, g	give commingi	ing order name	———					
		Oil Well	1.	Gas Well	New Well	Workover	Deepen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)) X	' !	Ous II CII	X	l morkove.	Deepen	1 1105 2200	Sunto Aces		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
1-12-91	2-2-91			5350'			5304.66'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
6455' GLE	Gallup			5166'			52391				
Perforations							Depth Casing Shoe				
5166' - 5174'											
	-	TUBING.	CAS	ING AND	CEMENTI	NG RECOR	LD.	<u></u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
12-1/4"	8-5/8"			368.02			250 sks.				
7-7/8"		5-1/2			5349.77'			700 sks			
, ,,,,,		2-3/8			5239'			- / JU-5KS			
		<u> </u>			1						
Y. TEST DATA AND REQUES	T FOR	ALLOW.	ABLI	<u> </u>							
OIL WELL (Test must be after r.	ecovery of I	otal volume	of loca	d oil and must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	rs.)	
					Producing Method (Flow pump, gas lift, etc.)						
2-2-91	2-6	-91			Pum	ping					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
24 hrs.	_	50			50			1/8"			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
-	120			0			24				
GAS WELL					•					3 20 20 6	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF		Grava da	Corocalas II	1 V C	
100 100 - 170 100 100 - 170 170 170 170 170 170 170 170 170 170	Zengar or				20.00		·	124	. 1991 (C. 1992		
osting Method (pitos, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Chokala FEB1 91991						
Total Street of Absort completely		•	•						101	8 1331	
M ODED ATOD CEDITION	LATTE OF		OT TA	NCE	\		······································	<u></u>	VIII CO	VIO N	
VI. OPERATOR CERTIFIC						DIL CON	USERV.	ation "	DIVISIO	IN.	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						CT.	0 6 9 1	1001 100	1. 3		
is true and complete to the best of my					Date	: Approve	d re	ひしゃり	うる		
_ , /			,		Dale	Thhiose	,	CHARLES !	CHAIL TON		
() en (trades)				11	Origino	l Signed by	CHARLES (コロレングガ			
Signature					By_					- <u> </u>	
Aldrich L. Kuchera		Pro	esid Tide	lent		DEPUTY SA	1 & 925 19	SI'dCTOR, I	H\$1. ≱#		
Printed Name 5 1991		(505)		3325	Title	MUDII M			· · · · · · · · · · · · · · · · · · ·		
Date			ephone								
					.11						

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.