

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
DEKALB Energy Company
Address
1625 Broadway Denver, CO 80202
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hancock	Well No. 4	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease XXX, Federal XXXV	Lease No. SF079116
Location Unit Letter A : 990 Feet From The North Line and 900 Feet From The East Line of Section 11 Township 27N Range 12 W , 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P.O. Box 899 Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When no

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						
Date Spudded 09-09-51 R-02-23-91	Date Compl. Ready to Prod. 10-06-51 R-04-16-91	Total Depth 1746'	P.B.T.D. 1737'					
Elevations (DF, RKB, RT, GR, etc.) 5983'	Name of Producing Formation Basin Fruitland	Top Oil/Gas Pay 1619'	Tubing Depth 1627'					
Perforations 1619-1642'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/8"	10-3/4"	125'	75sx					
8-3/4"	7"	1637'	100 sx					
	5-1/2"	1734'	25sx Halcolite + 215s					
	1"	1627'	C1 "B"					

V. TEST DATA AND REQUEST FOR ALLOWABLE 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 Tanks	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.

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GAS WELL

Actual Prod. Test-MCF/D 217	Length of Test 3 hours	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pitot, back pr.) Pitot tube	Tubing Pressure (Shut-in) 192	Casing Pressure (Shut-in) 160	Choke Size

OIL CON. DIV.]

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.

AL Flomen
(Signature)
District Superintendent
(Title)
5/21/91
(Date)

OIL CONSERVATION DIVISION
JUN 10 1991
APPROVED _____, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT #3

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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.