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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASRECEIVED
APR 03 1986
OIL CON. DIV.
DIST. 2Operator
DEPCO, Inc.

Address

1000 Petroleum Building, Denver, CO 80202

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☒Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mudge "A"	Well No. 8	Pool Name, including Formation West Kutz - P.C.	Kind of Lease XXX, Federal XXXX	Lease No. SF078895
Location Unit Letter <u>D</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>27N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> 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	Box 1899, Bloomfield, NM 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?		When
No		ASAP

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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			X	
Date Spudded 5-1-52	Date Compl. Ready to Prod. 11-30-85		Total Depth 1892' Gr		P.B.T.D. 1875' Gr			
Elevations (DF, RKB, RT, GR, etc.) 6053' Gr	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 1818' Gr		Tubing Depth 1837' Gr			
Perforations 1842' - 52' Gr w/2 JSPF					Depth Casing Shoe 1890' Gr			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	10 3/4"	93' Gr	60 sx reg., 2% CaCl ₂
8 3/4"	7"	1822' Gr	100 sx reg
6 3/8"	2 7/8"	1890' Gr	200 sx to surface
	1"	1837' Gr	

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 181	Length of Test 3 hr	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Pitot tube	Tubing Pressure (Shut-in) 317 psia	Casing Pressure (Shut-in) 317 psia	Choke Size -

VI. 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.

John S. Nye
(Signature)DIST. PROD. SPT.
(Title)DEC. 13, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED APR - 3, 1986BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR 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 deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.