TAND MINISTRALS DEPARTMENT OBTRIBUTION HIAFE LF SOLE, NED OFFICE TANIFORTER OIL GAE FERATOR ROBATION OFFICE

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

RE11364 1- 1 14

NO OFFICE	REQUEST FOR	ALLOWABLE		
TANSPORTER GAS	ANI AUTHORIZATION TO TRANSPO			
PERATOR ADRATION OFFICE	AUTHORIZATION TO TRANSFE	OR FOIL AND HATORAL GAR		
BK Petroles	im. Inc.			
	6, Farmington, N.	.M. 87499		
eason(s) for liling (Check proper box,	7.	Other (Please explain)		
lew Well	Change in Transporter of: Ott Dry Gas			
tecompletion Thange in Ownership	Oil Dry Gas Casinghead Gas Condens	<u></u>		
change of ownership give name of address of previous owner		rtnership, Box 25	5, Farmingion, N.M. 8743	
ESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including Fo	rmation Kind of Leas	rederal	
Gass	2 WAW Fruitla	and - Pict. Cliffs. State, Feder	ol or Fee NM-33034	
Location	C. 4	and 1850 Feet From	The East	
Unit Letter 0 :;	Feet From The South Line			
Line of Section 8 To	wnship 27N Range /	3W , NMPM, Sau	/Van County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S Address (Give address to which appro	oved convol this form is to be sent)	
Name of Authorized Transporter of Other	or Condensate	. '		
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which appro	oved copy of this form is to be sent)	
	250.	box 997, Farmi ng to	M. N. M. 87499	
If well produces off or liquida,	Unit Sec. Twp. Rge.	Yes	8/82	
give location of tanks.	ith that from any other lease or pool,	give commingling order number:	N.A.	
COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res	
Designate Type of Completi	On - (A) : X	Total Depth	P.B.T.D.	
Date Spudded /80	12/11/20	1490'	7438	
Elevations (D) 3, RT, CR, cic.j	Producing Formation	Top Oil/Gas Pay /3/5'	13/0'	
5976 Gr.	Pictured Cliffs Ss.	13/5	Depth Casing Shoe	
/3/5-/325			1468	
13/3 13/6	100:::07	CEMENTING RECORD DEPTH SET	SACKS CEMENT	
HOLE SIZE	7", 1716., H-40	109'	50 5x, C/255	
83/4"	27/8". 6.5/6. 155	1468'	/303X.,C/45	
3/1	11/4", 2.4 16., 1-55	1310		
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de		ll and must be equal to or exceed top oil	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tift, etc.)	
Dole Prist New On 1		Casing Pronome	Chore Size	
Length of Test	Tubing Pressure		A Good MCE	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	BEC 2 9 1986	
Actual Float			DIL CONTINUE TO THE	
GAS WELL		Bbls. Condensate/MMCF	Growing by Candoneuis	
Actual Prod. Tout-MCF/D	Length of Test			
Teeling Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Chot. Six.	
- COUNTY	NCE	OIL CONSERV	ATION DIVISION 29 1986	
I. CERTIFICATE OF COMPLIA		APPROVED	DE0 1000	
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 beat of my knowledge and belief.		1	Srank June	
		. 81	SOPERVISOR DISTRICT # 3	
	0/ 0	TITLE	in compliance with MULE 1104.	
Junis	ir au sára)	well, this form muzi be accordance with AULE 111.		
Presil	Hell	All sections of this form	i attent of this form must be illied out completely	
	(Table)	Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such changes of to well name or number, or transporter, or other such than to mod in multiple of the section		
	(Pare)	well name or minber, or trans	porter, or other ruch change of control	
	•	Separate Farma C-100		