

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator S.E.R.H., Inc.	Well API No. 30-045-24945
Address c/o A. R. Kendrick, Box 516, Aztec, New Mexico 87410 (505) 334-2555	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) RECOMPLETED	
New Well <input 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 Navajo 32	Well No. 2	Pool Name, Including Formation Beautiful Mountain-Mississippian	Kind of Lease State, Federal or Fee	Lease No. N00-C-14-20-4158
Location Unit Letter <u>B</u> : <u>1050</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>27 N</u> Range <u>19 W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> S.E.R.H., Inc.	Address (Give address to which approved copy of this form is to be sent) Box 312, Otis, Kansas 67565
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When? B 32 27N 19W Yes 10/3/1983

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
Date Spudded 12/26/81	Date Compl. Ready to Prod. 10/3/83	Total Depth 6022	P.B.T.D. 5990					
Elevations (DF, RKB, RT, GR, etc.) 5824 GR	Name of Producing Formation Mississippian	Top Oil/Gas Pay 5855	Tubing Depth 5743					
Perforations 5855-65, 5871-75, 5887-96, 5925-30, 5931-41							Depth Casing Shoe 6003	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
10 3/4	8 5/8	24# K-55	555			500 sx		
7 7/8	5 1/2	15.5# K-55	6003			300 sx @ shoe plus 100 sx @ D.V. Tool @ 1420		
	2 3/8		5743					

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 Tank 1/28/82	Date of Test 10/3/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 8 Hours	Tubing Pressure 1800	Casing Pressure	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. None	Water - Bbls. None	Gas- MCF 300 MCF

GAS WELL

Actual Prod. Test - MCF/D 300	Length of Test 8 hr	Bbls. Condensate/M/MCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in) 1800	Casing Pressure (Shut-in)	Choke Size 24/64

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.

A.R. Kendrick
Signature
A. R. Kendrick Agent
Printed Name
May 2, 1988
Date
(505) 334-2555
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 12 1989
By Original Signed by FRANK T. CHAVEZ
Title SUPERVISOR DISTRICT #7

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.