OISTRIBUTION

BANTA FE

U.S.G.S.
LAND OFFICE

TRANSPORTER

DICHARD OF OIL

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

REQUEST FOR ALLOWABLE

THANSPORTER GAS			ND		-			
OPERATOR	AUTHORIZA	TION TO TRANS	PORT OIL AND NATU	JRAL GAS				
PROBATION OFFICE								
	ction Company				~			
Address					· · · · · · · · · · · · · · · · · · ·			
501 Airport	Drive, Farmi	ngton, NM 8	7401					
Reason(s) for filing (Check proper bo)x)		Other (Pleas	re explain)				
New Well X								
Recompletion								
Change in Ownership	Casinghead G	as Conde	nsate ////			·		
I change of ownership give name								
and address of previous owner								
DESCRIPTION OF WELL ANI	Well No. Poc	ol Name, Including F	ormation	Kind of Leas	.e `.	Lease No.		
Lease Name	2E Basin Dako				SF-077875			
P. O. Pipkin		20211 2011	<u> </u>					
E 1	.680 Fact From TI	North	ne and810	Feet From	The West			
Unit Letter::								
Line of Section 8 T	ownship 27N	Range	10U , NMPI	и, San	Juan	County		
DESIGNATION OF TRANSPO	RTER OF OIL AN	D NATURAL GA	IS		oved copy of this form is	to be conti		
Name of Authorized Transporter of C	or Conde	nsate 📉	ł					
Plateau, Inc.			P. O. Box 26251, Albuquerque, NM 87125 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X			P. O. Box 990, Farmington, NM 87401					
El Paso Natural Gas Co.			Is gas actually connected? When					
If well produces oil or liquids,	Unit Sec.	Twp. Rge. 27N 10W	No	1				
give location of tanks.			<u> </u>	t				
If this production is commingled v	vith that from any ot	ther lease or pool,	give comminging orde	er number:				
COMPLETION DATA	Oii W	ell Gas Well	New Well Workover	Deepen	Plug Back Same R	es'v. Dill. Res'v.		
Designate Type of Complet	ion - (X)	X	X		1			
Date Spudded	Date Compl. Read	y to Prod.	Total Depth		P.B.T.D.			
11-8-81	12-16-81	12-16-81			6566'			
Elevations (DF, REB, RT, GR, etc.,	Name of Producing Formation		Top Cil/Gas Pay		Tubing Depth			
6072' G.L.	Dakota	6336'		6471 Depth Casing Shoe				
Perforations	and crock of	101 61161 6	1,661 6,661_6,5	77.1	6612'	į		
6336'-6346', 6370'-63			D CEMENTING RECO		1 0012			
			DEPTH S		SACKS CE	EMENT		
12-1/4"	8-5/8"	CASING & TUBING SIZE		<u> </u>	315 sx			
7-7/8"	4-1/2"		290'		1560 sx			
7-170	2-3/8"		6471'					
TEST DATA AND REQUEST	FOR ALLOWABLE	E (Test must be a	feer recovery of total vol	lume of load oil	and must be equal to o	r axceed top allow-		
OIL WELL			epth or be for full 24 how	rs)				
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas li)		ji, eic.,			
			Casing Pressure		Chore Size			
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure				
	Oil-Bhia.		Water - Bbls.		Gds-MCF			
Actual Prod. During Test	Oii-Beia.							
GAS WELL								
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
1392	3 hours	3 hours						
Testing Method (pitot, back pr.)	Tubing Pressure (J hours Tubing Pressure (Shut-in)		Cosing Pressure (Shut-in)		Choke Size		
Back Pressure	1029 psig			1337 psig				
CERTIFICATE OF COMPLIA	NCE		OIL (DANSERVA:	TION DIVISION	•		
						. 10		
I hereby certify that the rules an	d regulations of the	Oil Conservation	APPROVED					
Division have been compiled wi above is true and complete to t	th and that the into the best of my know	ormation given vledge and belief.	By Original Signed	by rasilities	CHAILE			
and the time the time			TITLE	3 1	1			
			11					
·*	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation							
(Si	tests taken on the well in accordance with RULE 111.							
District Administrat	All sections of this form must be filled out completely for allowable on new and recompleted wells.							
	Title)		עובר ביין ביין	Sections 1 1	II III and VI for ch	nanges of owner,		
134 2.8 1984.	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 For	Separate Forms C-104 must be filed for each pool in multiply						
			il completed wells.					