

OIL CONSERVATION DIVISION

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

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

Operator Bonneville Fuels Corporation		Well API No. 30-045-28301
Address 1660 Lincoln Street, Denver, CO 80264		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" 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 Scott E FEDERAL 25	Well No. 22	Pool Name, including Formation W. Kutz, Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF 078089
Location Unit Letter <u>F</u> : <u>1850</u> Feet From The <u>N</u> Line and <u>1695</u> Feet From The <u>W</u> Line Section <u>25</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)					
El Paso Natural Gas Company		P. O. Box 1492, El Paso, TX, 79978				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					NO	10/1/91

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	X					
Date Spudded 12/6/90	Date Compl. Ready to Prod. 1/29/91	Total Depth 2105	P.B.T.D. 2034					
Elevations (DF, RKB/RT, GR, etc.) 6260 RKB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1871'	Tubing Depth 1867'					
Performances 1871-96'		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	309	200					
7 7/8	5 1/2	2051	240 310					
	2 3/8	1867						

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	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
			OIL CO DIV.

GAS WELL

Actual Prod. Test - MCF/D 1698	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (prior, back pr.) Back pr	Tubing Pressure (Shut-in) 140	Casing Pressure (Shut-in) 150	Choke Size 6 1/64

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.

Signature Doris Maly  
Pristed Name Doris Maly Engineering Tech.  
Date 9/20/91 Telephone No. 303-863-1555

OIL CONSERVATION DIVISION

Date Approved SEP 20 1991  
By Original Signed by CHARLES GIBSON  
Title DEPUTY OIL

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.