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SANTA FE		+	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104		
FILE		+ 1	REQUI	EST FOR ALLOWAR	SLE	Supersedes Old C-104 and C-1 Effective 1-1-65		
U.S.G.S.		ALITU	ODIZATION TO	AND			. 03	
LAND OFFICE		AUTH	URIZATION TO	TRANSPORT OIL A	ND NATURAL G	AS		
	OIL							
TRANGPORTER	GAS					30-045-	24108	
OPERATOR								
PROPATION OF	FICE	<u> </u>						
Southland Address P. O. Draw Reason(s) for filing New Well Recompletion Change in Ownership	er 570, (Check prope	Farmington,	in Transporter of:	y Gas Other (F	Please explain)			
If change of owners and address of prev I. DESCRIPTION O Lease Name McClanahan Location Unit Letter O	F WELL A	AND LEASE. Well No. #15E	Pool Name, Including Basin Dakorom The South	•		e <u>East</u>	SF-079634	
I. DESCRIPTION O Lease Name McClanahan Location	F WELL A	AND LEASE. Well No. #15E	Basin Dako	ta Line and 1650'	State, Federal o	e <u>Eas</u> t	_	
And address of preval. DESCRIPTION O Lease Name McClanahan Location Unit Letter Dine of Section Name of Authorized	F TRANSI	#15E Township 281 PORTER OF OIL	Basin Dako	Line and 1650' 10W . N GAS Address (Give address)	Feet From Th	e East an d copy of this form is	SF-07963. County	
and address of prev I. DESCRIPTION O Lease Name McClanahan Location Unit Letter O Line of Section I. DESIGNATION O Name of Authorized Plateau. Tr	F TRANSI	#15E PORTER OF OIL or C	Basin Dako The South M Fange AND NATURAL ondensate	Line and 1650' 10W . N GAS Address (Give address)	Feet From Th	e East an d copy of this form is	SF-07963 County	
and address of prev I. DESCRIPTION O Lease Name McClanahan Location Unit Letter O Line of Section] I. DESIGNATION O Name of Authorized Plateau, Ir Name of Authorized	F TRANSI	Well No. #15E 910' Feet Fro Township 28] PORTER OF OIL of Oil or C	Basin Dako The South M Fange AND NATURAL ondensate	Line and 1650' 10W N GAS Address (Give ad	Feet From The San Juan Sess to which approved the Rd., NE, ess to which approximate th	e East d copy of this form is Albuquerque, d copy of this form is	County to be sent) NM 87110 to be sent)	
and address of preval. DESCRIPTION O Lease Name McClanahan Location Unit Letter O Line of Section] DESIGNATION O Name of Authorized Plateau, Ir Name of Authorized Southern Ur	F TRANSI	Well No. #15E 910' Feet Fro Township 281 PORTER OF OIL of Oil or C of Casinghead Gas	Basin Dako om The South N Bange AND NATURAL ondensate X or Dry Bas X	Line and 1650' 10W .N GAS Address (Give a	Feet From The San Juan State, Federal of Feet From The San Juan State of San Juan St	e East d copy of this form is Albuquerque, d copy of this form is	County to be sent) NM 87110 to be sent)	
and address of prev I. DESCRIPTION O Lease Name McClanahan Location Unit Letter O Line of Section] I. DESIGNATION O Name of Authorized Plateau, Ir Name of Authorized	F TRANSI Transporter of the property of the pr	Well No. #15E 910' Feet Fro Township 28] PORTER OF OIL of Oil or C	Basin Dako The South Range AND NATURAL ondensate X or Dry Gas X	Line and 1650' 10W .N GAS Address (Give ad	Feet From The San Juan State, Federal of Feet From The San Juan State of San Juan St	e East d copy of this form is Albuquerque, d copy of this form is	County to be sent) NM 87110 to be sent)	
And address of preval. DESCRIPTION O Lease Name McClanahan Location Unit Letter O Line of Section Name of Authorized Plateau, Ir Name or Authorized Southern Ur If well produces oil of give location of tank	F TRANSI Transporter of C. Tra	#15E 910' Feet Fro Township 28I PORTER OF OIL of Oil or C If Casinghead Gas hering Unit Sec.	Basin Dako The South N Fange AND NATURAL ondensate X or Dry Gas X Twp. Fge.	Line and 1650' 10W N GAS Address (Give ad	Feet From The San Juan Person to which approved the Rd., NE, less to which approved	e East d copy of this form is Albuquerque, d copy of this form is	County to be sent) NM 87110 to be sent) 3	
And address of preval. DESCRIPTION O Lease Name McClanahan Location Unit Letter O Line of Section O Name of Authorized Plateau, Ir Name or Authorized Southern Ur If well produces cil of give location of tank If this production is	F TRANSI Transporter of the commingle ATA	#15E 910' Feet Fro Township 281 PORTER OF OIL of Oil or C of Casinghead Gas thering Unit Sec d with that from an	Basin Dako om The South N Fange AND NATURAL ondensate X or Dry Bas X Twp. Fge.	Line and 1650' 10W N GAS Address (Give ad	Feet From The San Juan Person to which approved the Rd., NE, less to which approved	e East d copy of this form is Albuquerque, d copy of this form is	County to be sent) NM 87110 to be sent) 3	
DESCRIPTION O Lease Name McClanahan Location Unit Letter O Line of Section] DESIGNATION O Name of Authorized Plateau, Ir Name of Authorized Southern Ur If well produces on a give location of tank If this production is COMPLETION DA	F TRANSI Transporter of the commingle ATA	#15E 910' Feet Fro Township 281 PORTER OF OIL of Oil or C of Casinghead Gas thering Unit Sec d with that from an	Basin Dako om The South N Fange AND NATURAL ondensate X Twp. Fge. y other lease or po	Line and 1650' 10W N GAS Address (Give ad	Feet From The San Juan Sess to which approved to which approved to the same of	e East d copy of this form is Albuquerque, d copy of this form is	County to be sent) NM 87110 to be sent)	
And address of preval. DESCRIPTION OF Lease Name McClanahan Location Unit Letter Of Line of Section Line of Authorized Plateau, Ir Name of Authorized Southern Ur If well produces on a give location of tank If this production is COMPLETION DA	F TRANSI Transporter of the commingle ATA e of Comp	Well No. #15E 910' Feet Fro Township 281 PORTER OF OIL of Oil or C of Casinghead Gas hering Unit Sec. d with that from an letion - (X) Date Compi. 5 4-23	Basin Dako The South N Fange AND NATURAL ondensate X or Dry Bas X Twp. Fge. y other lease or po	Line and 1650' 10W N GAS Address (Give ad	Feet From The San Juan Sess to which approved to	e East an d copy of this form is Albuquerque, d copy of this form is eld, NM 8741	County to be sent) NM 87110 to be sent)	

Dakota

CASING & TUBING SIZE

8 5/8", 24#, 5 1/2", 15.5# 2 1/16", 3.25# 6416' (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-able for this depth or be for full 24 hours) V. FEST DATA AND REQUEST FOR ALLOWABLE Oh. WELL

TUBING, CASING, AND CEMENTING RECORD

Upr DK: 6263' - 6350'

6263'

234'

6480'

DEPTH SET

Date Fliet New CN Run To Tanks	Date of Test	Producing Method (Flow, pump, gos lift, etc.)			
Lergtrio: Test	Turing Pressure	Casing Pressure		Cheke Size	
Acrual Prod. During Test	Ott-Bein.	Water - Bale.	:	Goe - MCF	
·	<u> </u>		·		

GAS WELL				
Aldrug, Frod. Teat-MOF/D	Length of Test	Bbis, Consensate/MMCF	Gravity o	i Condensate
917	3 Hours	!	 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Theiling Brethod (Justis, Sack pro)	Tubing Pressure (Shut-in)	Casing Fressure (Sinus-12)	Choke Si	= ●
Back Pressure	1172		1/2"	

VI CERTIFICATE OF COMPLIANCE

5737' GR

Lwr DK: 6382' - 6434'

12 1/4"

7 7/8"

Ferralarions

I have yet tify that the rules and regulations of the Oil Conservation Communication have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

-			
$= - \langle \cdot \rangle$	/	1	
	(Signature)		
District Pro	oduction	Manager	

May 13, 1980 (Date)

OIL CONSERVATION COMMISSION

6416' Depth Casing Shoe

6480°

SACKS CEMENT

200 sacks

610 sacks

APPROVED	JUN	υČ	(.	 19
- Original Signed	oy CHAR	les en	OLSON	

TITLEDEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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 Forms C-104 must be filed for each pool in multiply completed wells.