STATE OF NEW MEXICO Form C-104 Revised 10-1-78 5 - NMOCD 2 - Pioneer 1 - EPNG l - Inland ETGY AND MINERALS DEPARTMENT · OIL CONSERVATION DIVISION P. O. BOX 2088 DISTRIBUTION SANTA FE. NEW MEXICO 87501 BANTAPE PILE W 6.U.6. LAND OFFICE REQUEST FOR ALLOWABLE OIL TRANSPORTER AND GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DEEDAT OF PRORATION OFFICE Poneer Production Corp. P 0 Box 208, Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: XX New Well Dry Gas Recompletion Condensate Casinahead Gas Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE. Kind of Lease Lease No. Well No. Pool Name, Including Formation State, Federal or Fee #5E Basin Dakota Fed NM 010063 Redfern Location 790 South__Line and ___ 1850 Feet From The <u>East</u> 0 Feet From The Unit Letter , NMPM, 28N San Juan 9 Range 1111 Township DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Aridress (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P 0 Box 1528, Farmington, NM 87401 Inland Corp. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Co. P 0 Box 990, Farmington, NM 87401 When Is gas actually connected? Sec. Twp. Unit If well produces oil or liquids, : 28N : 11W No , 9 0 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Restv. Diff. Rest Plug Back New Well Workover Gas Well Oil Well Designate Type of Completion - (X) XX XX P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded <u>62</u>83 ' 6246' 11-23-80 10-10-80 Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., 5903.48'_RKB Dakota 6009 Perforations 6009, 11, 13, 17, 69, 71, 73, 77, 79, 81, 85, 87, 89, 93 6276' RKB 6119, 29 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 310 sx class B 2% CaCl 8-5/8" 510' RKB 12-1/4" 6276' RKB 389 cu.ft. lst stage 4-1/2" 7-7/8" <u>1779 cu.ft. 2nd stage</u> (Test must be after recovery of total volume of load oil and must be equal to or exceed top alloable for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, efc.): Date First New Oil Run To Tanks Date of Test Chake Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. OIL-Bble. Actual Prod. During Test GAS WELL Gravity of Condensate Bols. Condensate/MMCF Length of Test Actual Prod. Teet-MCF/D 8 hrs 1025 13 Cusing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Teeting Method (pitot, back pr.) 955 psia 955 psiq back pressure **OIL CONSERVATION DIVISION** CERTIFICATE OF COMPLIANCE MAR APPROVED. I hereby certify that the rules and regulations of the Oil Conservation Original Signed by FRANK T. CHAVEZ Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. SUPERVISOF DOWN AT # 4 TITLE -This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or dee well, this form must be accompanied by a tabulation of the deviati (Signature) Jim L. Jacobs All sections of this form must be filled out completely for allo

able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of ownsell name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multi;

<u>Agent</u>

3-11-81

(Title)

(Date)