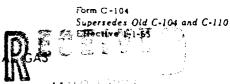
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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE



AND AUTHORIZATION TO TRANSPORT OIL AND NATUR JAN2 41363 OIL CON. DIV. \ DIST. 3 Corporation gton, N.M. 87499 Reason(s) for filing (Check proper box) Liber Illease explaint \square Change in Transporter of: New Well OH Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE en No. Foo. Name, including Formation Lesse No. Kind of Lease Lease Nan StateX edeta; of XXXX SF 080379 San Juan 29-6 Unit 114 <u>Basin Dakota</u> Location 1090 __ Feet From The <u>East</u> North line and ___ 810 Foet From The Rio Arriba 29N Range 6W Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Agaress (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of CII or Congensate Address white address to which approved copy of this form is to be sent; or Dry Gas X Name of Authorized Transporter of Casinghead Gas P.O. Box 990, Farmington, N.M. 87499 El Paso Natural Gas Company Unit gas datually connected? If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Restv. Diff. Restv. Designate Type of Completion - (X) New Well Worksyer Gas Well X Total Desta Date Compl. Ready to Prod. Date Spudded 80901 8100' 12-11-82 11-20-82 Tubing Depth Top CLASts Fay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 7966' 7967<u>'</u> 6808.5 KB Dakota Depth Casing Shoe Perforations 8100' 7966' - 8082' Dakota TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 236 cu.ft 3841 12-1/4" 9-5/8" 241,89, 118, 177 cu.ft 8-3/4" 3983' 7!! 8100' 543, 118 cu.ft 6-1/4" 4-1/2" 7967**'** 2-3/8" (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Fressure Tubing Pressure Length of Test water - Bois. C1. - Bbls. Actual Prod. During Test GAS WELL Test
Actual Pred. Test-MCF/D Test Date 1-12-83 Bbls. Condensate/MMCF Gravity of Condensate 3 hrs
Tubing Pressure (Shut-in) (AOF 1224MCFD) 200 MCF Choke Size Cosing Pressure (Shut-in) Testing Method (pitot, back pr.) 2<u>" X</u> 2511 psig 2-15-83 Back Pressure VI. CERTIFICATE OF COMPLIANCE APPROVED_ I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY Original State Sypanish

Donna J. Brace Agnature)	
Donna J. Brace (Sinature) Production Clerk	
(Title)	
January 17, 1983	
(Date)	

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

If this is a request for allowable for a newly drilled or deepened 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. Come - - - Cotto ---- be filed for each need in multiply

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