

Sub. A 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator FALCON SEABOARD GAS COMPANY		Well API No. 30-039-24673
Address c/o Dave Simmons P. O. Box 48 Farmington, NM 87499		
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 29-4 Carson 28	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal Pool	Kind of Lease State (Federal) <input checked="" type="checkbox"/> Other	Lease No. NM 18327
Location Unit Letter <u>K</u> : 1905 Feet From The South Line and 1604 Feet From The West Line Section 28 Township 29 N Range 4W, NMPM, Rio Arriba 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)	
Northwest Pipeline Corporation	295 Chipeta Way, Salt Lake City, UT 84158	
If well produces oil or liquids, give location of tanks. Water K 28 29N 4W	Is gas actually connected? Yes	When? 10-15-90

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 7-21-90	Date Compl. Ready to Prod. 10-12-90		Total Depth 4500 KB		P.B.T.D. 4458 KB			
Elevations (DF, RKB, RT, GR, etc.) 7402' GR 7415 KB	Name of Producing Formation FRUITLAND COAL		Top Oil/Gas Pay 4087		Tubing Depth 4282			
Performances 4164-4190 (18) 4087-4139 (10)					Depth Casing Shoe 4497			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8"		259		See Attachment A			
7-7/8	5-1/2"		4497		See Attachment A			
	2 7/8		4282					

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 the applicable well)			
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.	
OCT 29 1990 OIL CON. DIV. DIST. 3			

GAS WELL

Actual Prod. During Test	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
300	3 hrs.	NA	NA
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Orifice tester	650	1040	1/4"

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 R. D. Simmons Agent
Printed Name R. D. Simmons Title
Date 10-16-90 Telephone No. (505) 327-7259

OIL CONSERVATION DIVISION

Date Approved OCT 29 1990

By ORIGINAL SIGNED BY ERNIE BUSH

Title DEPUTY OIL & GAS INSPECTOR, DIST. 3

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.

ATTACHMENT A
to
C 104

Company: Falcon Seaboard Gas Company
Address: c/o Dave Simmons
P. O. Box 48
Farmington, Nm 87499

Well: 29-4 Carson 28 #1
Unit K Sec. 28, T29N, R4W, Rio Arriba County, NM

Cement Record

Surface casing 8-5/8" 24 # K55 ST&C @ 259'

Cemented with 210 sacks (247.80 cu. ft.) Cement circulated to surface.

Production casing 5-1/2" 17# N80 LT& C at 4497'.

Cemented in two stages. First stage 20 bbls mud flush followed by 200 sacks (242 cu. ft.) 50/50 poz., 2% gel, 0.6% Halad 322, 225 sacks (266 cu. ft.) Class "B" standard w/ 0.4% Halad 344, 0.4% CFR-3, 0.2% Super CBL. Plug down at 7:45 PM. Circulated 3 hours between stages. Second stage through DV Tool at 2029.73' with 20 bbls mud flush followed by 350 sacks (577.50 cu. ft.) HOWCO Lite w/ 0.6% Halad 322, 2% KCL (BWOW), 1/4#/sk. flocele followed by 50 sacks (59 cu. ft.) Class "B" neat. Plug down at 12:30 AM 7-30-90. Lost circulation during second stage. Bond log attached.

RECEIVED
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DIST. 3