

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

**OIL CONSERVATION DIVISION**

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator SG Interests I, Ltd.	Well API No. 30-045-27856
Address P. O. Box 421, Blanco, NM 87412-0421	
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 Santa Rosa 4	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease <del>Standard</del> Fee	Lease No.
Location				
Unit Letter A	: 1035	Feet From The North	Line and 890	Feet From The East
Section 4	Township 29N	Range 9W	NMPM,	San Juan 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)
None	
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 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When?
	A   4   29N   9W   No   Approx 3/15/92

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 12-26-90	Date Compl. Ready to Prod. 2-27-92	Total Depth 2340'		P.B.T.D. 2280'				
Elevations (DF, RKB, RT, GR, etc.) 5621' GL, 5631' RKB	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2063'		Tubing Depth 2209.29'				
Perforations 2063'-2069', 2182'-2186',	2121'-2134', 2190'-2194',	2158'-2162', 2224'-2242'		Depth Casing Shoe 2332'				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	127'	190 sx Class B w/2% CaCl
7 7/8"	4 1/2"	2332.79'	25 sx Class B + 250 sx
			Class B w/2% Econolite +
	2 3/8"	2209.29'	350 sx 50/50 Poz Mix

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 by 20% for 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
			MAR 11 1992
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	OIL CON. DIV. DIST. 3

GAS WELL \* Well capable of commercial production - will submit IP when tested.

Actual Prod. Test - MCF/D *	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in) 190	Casing Pressure (Shut-in) 420	Choke Size

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 Carrie A. Baze  
Carrie A. Baze Agent  
Printed Name  
Date 3/05/92  
Title (915) 694-6107  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 23 1992  
By \_\_\_\_\_  
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.