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Appropriate District Office
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State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION DISTRICT II
P.O. Drawer DD, Anesia, NM 88210

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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I.	HEQUEST FO TO TRA	DH ALLOWA NSPORT OI		_					
Operator			27110			API Na 30	-045-28	2//1	
	oleum Services,	inc.					-043-20	<del></del>	
P. O. Box 3333	1, Houston, Tx	. <b>7</b> 7253							
Reason(s) for Filing (Check proper box	)		Ou	ner (Please exp	(میماد				
New Well	· · · · · · · · · · · · · · · · · · ·	Transporter of:							
Recompleuon		Dry Gas 📙							
Change in Operator X	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator MC	cKenzie Methane	Corp., 19	911 Main	, Suite	#255, I	urango,	Colo. 8	1301	
II. DESCRIPTION OF WELL		D 111						· · · · · · · · · · · · · · · · · · ·	
Hughes 34 B	Well No.   Pool Name, lociud 6   Basin FT		-			ind of Lease Lease No. SF-078049			
Location		· · · · · · · · · · · · · · · · · · ·		1.04	<del>-</del>		T	-	
Unit Letter B		Feet From The			•	eet From The _	Е	Lisi	
Section 34 Towns	hip 29N	Range 8W	, N	мрм,	San Juar	<u> </u>		County	
III. DESIGNATION OF TRA				·					
Name of Authorized Transponer of Oil	or Condens		Address (Giv	ne address to m	which approve	copy of this fo	rm is io be se	tal)	
Name of Authorized Transporter of Casi		or Dry Gas 💢				d copy of this jo			
El Paso Natural Ga	<del></del> ,-					ngton, N	M 87401		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.   Rge.	ls gas actuall No	=	When	ı 7			
If this production is commingled with the IV. COMPLETION DATA	at from any other lease or po	ool, give comming							
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv	
Date Spudded	Date Compl. Ready to I	Proxi	Total Depth	L		I I I			
11-30-90	6-12-91	1		3450		P.B.T D. 3394			
Elevations (DE. RKB, RT. GR. atc.)	Name of Producing Formation		Top Oil/Cas Pay			Tubing Depth			
6820 GR	Fruitland Coal		3191		3310				
Periorations 3191-96, 3206	5 <b>=11</b> , 3272-82,	3289-97, 3	3332-52			Depth Caung 3438			
	TUBING, C	CASING AND	CEMENTI	NG RECOF	<u>a</u>				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4		8-5/8, 24#		259					
7-7/8	<del> </del>	4-1/2, 11.6#		3438		180 + 550(2-stage			
N/A	2-3/8, 4.7#		3310			None			
V. TEST DATA AND REQUE	ST FOR ALLOWA	BLE	<u> </u>						
OIL WELL (Test must be after	recovery of total volume of	load oil and must	be equal to or	exceed top all	owable for the	s depth or be fo	r full 24 how	rs.)	
Dute 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 - Bbla		Water - Bbls		CAP MCF				
						UU			
GAS WELL Actual Prod. Test - MCF/D						OIL (			
wenny Hor Lest - MICLID	Length of Test	League of Test		Bbia. Concensate/MMCF			Gravity of Condensate		
Testing Method (puor, back pr.)	Tubing Pressure (Shur-u	ng Preseure (Shui-in)		Casing Pressure (Shus-in)		Choice Size			
VL OPERATOR CERTIFIC	TATE OF COMPL	IANCE	<u> </u>						
I hereby certify that the rules and regu	OIL CONSERVATION DIVISION								
Division have been complied with and is true and complete to the best of my	OCT 1 4 1993								
- Next			Date	Approve	ю		J 		
The Ca	meth'			_	3		/		
Steve Sandl	By SUPERVISOR DISTRICT #3								
Printed Name	(713)65	1–8889	Title	<del></del>		OH DISTR			
Date	Teleph	ione No.							

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.