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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISTONMAR 27 1989 P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 OIL CON. DIV.

REQUEST FOR ALLOWABLE AND AUTHORIZATIONIST. 3 TO TRANSPORT OIL AND NATURAL GAS

| Northeast Blanco Unit 421 Basin Fruitland Coal State, Federal or Fee SF 079 Location Unit Letter | Line County |
|--|-------------|
| Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Change in Operator Oil Dry Gas Change in Operator Oil Dry Gas Change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation State, Federal or Fee Section 1 Township Son Range 7W, NMPM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate X Address (Give address to which approved copy of this form is to be see Unknown at this time I well produces oil or liquids, pive location of tanks. III. Sec. Twp. Rge. Is gas actually connected? When? When? When? Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Name of Producing Formation Change in Transporter of Casinghead Gas Condensate Type of Completion - (X) O 4 30N 7W No. Total Depth P.B.T.D. 12-9-88 1-10-89 Name of Producing Formation Top Oil/Gas Pay Tubing Depth Total Depth Tubing Depth | Line County |
| Change in Transporter of: Change in Transporter of: Dry Gas Casinghead Gas Condensate | Line County |
| Recompletion Oil Dry Gas Casinghead Gas Condensate Change in Operator Casinghead Gas Condensate Condensate II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation State, Federal or Fee SF 0.79 Location Unit Letter 215 Feet From The South Line and 740 Feet From The East Section 4 Township 30N Range 7W NMPM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be see Giant Industries P. O. Box 9156, Phoenix, AZ 85068 Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be see Unknown at this time If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ? give location of tanks. O 4 30N 7W No No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Date Compl. Ready to Prod. Total Depth P.B.T.D. 12-9-88 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 21/2/2-88 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth | Line County |
| Change in Operator | Line County |
| II. DESCRIPTION OF WELL AND LEASE Lease Name Northeast Blanco Unit 421 Basin Fruitland Coal Unit Letter 215 Feet From The South Line and 740 Feet From The East Section 4 Township 30N Range 7W ,NMPM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be set Unknown at this time Unit Sec. Twp. Rge. Is gas actually connected? When? If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? 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) Date Spudded Date Compl. Ready to Prod. 12-9-88 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 21-10-89 Top Oil/Gas Pay Tubing Depth | Line County |
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| Northeast Blanco Unit 421 Basin Fruitland Coal State, Federal or Fee Set Form The South Line and 740 Feet From The East | Line County |
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| 12-9-88 1-10-89 3318' 3274' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay | |
| 21/71 | |
| 6211' GR Fruitland Coal 2912' 3147' | |
| Depth Casing Shoe | |
| 2912-2932'; 2932-2954'; 2964-2972'; 3086-3095' | |
| TUBING, CASING AND CEMENTING RECORD | |
| HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEME | |
| 12-1/4" 9-5/8" 310' 250 sx Class B | |
| 7-7/8" $5-1/2$ " 3315 ' $115 + 440 sx G$ | ass b |
| 2-7/8" 3147' | |
| V. TEST DATA AND REQUEST FOR ALLOWABLE | |
| V. TEST DATA AND REQUEST FOR ALLOWADDE 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 or be for full 24 how | s.) |
| Date First New Oil Run To Tank Date of Test Producing the thought to the state of | |
| | |
| Length of Test Tubing Pressure Casing Pressure | |
| MAY 0 4 1989 | |
| Actual Prod. During Test Oil - Bbls. Water - Bbls. | |
| OIL CON. DIV. | |
| GAS WELL DIST. 3 | |
| Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate | |
| 8/4 24 hours 872 Water NA | |
| Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size | |
| Back pressure 1240 1340 54/64 | |
| | |
| The state of the s | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE Description that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION | |
| 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 | |
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| 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. Date Approved Date Approved | |
| 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. Original Signed by FRANK I CHAVEZ | |
| 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. Date Approved Original Signed by FRANK T. CHAVEZ By Original Signed by FRANK T. CHAVEZ | |
| 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. Date Approved Original Signed by FRANK T. CHAVEZ Signature William F. Clark Operations Manager | |
| 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. Date Approved Original Signed by FRANK T. CHAVEZ Signature William F. Clark Operations Manager | |

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.
- 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.