DISTRICT # P.O. Drawer DD, Arcela, NM 88210

DISTR' T III 1000 K 3 Brazos Rd. Arioc, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Pe, New Mexico 8"504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TOTRANSPORT OIL AND NATURAL GAS

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| Unit Letter M : 1053 Ped Proor The South Libs and 1015 Fed From The West Libs Section 22 Township 30N Range 5N NOTM, Rio Arriba County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Coodeasia Address (Give address to which approved copy of this form is to be seed) NONE Name of Authorized Transporter of Chiliphead Oile Or Dy Chile (X) Address (Give address to which approved copy of this form is to be seed) None of Authorized Transporter of Chiliphead Oile Oile (X) Address (Give address to which approved copy of this form is to be seed) Will LIAMS FIELD SERVICES CO. Well produces old or heads. When Y ATTN: CLAIRE POTTER of being producted to commission of whath the from tay other lease or pool, give commission of whath the commission of whath the seed of which approved to the from the other lease of pool, give commission of whath the commission of whath the seed of which approved to the first production of whath the from tay other lease or pool, give commission of whath the commission of whath the from the other lease of pool, give commission of whath the first way of the first seed to the lease of the first production of whath the from tay other lease or pool, give commission of whath the first way of the first seed to the first production of whath the first way of the first seed to the first production of whath the first way of the first seed to the first | SAN JUAN 30-5 UNIT | | | | | | | | DAL | | | | | | |
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| None of Authorized Transporter of Oil | Section 22 Township | 2 3 | BON | Russe | | 51 | J | N | ирм, | Rio | Arr: | iba | | County | |
| None of Authorized Transporter of Oil | DESIGNATION OF TRANS | CD/\DTT | TD (10 (1) | TT AND | D NA | and to | D A B . | 746 | | | | | · | | |
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| The production is sommingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA | If well produces oil or liquids, | | Sec | Twp | 7 | Rea | le gre | BO) | (58900 (consected | SAL | | | | | |
| Designate Type of Completion - (X) Designation - (X) Designate Type of Completion - (X) Designate T | | i i | i | 1 | 1 | | | | | | | - Alla. | CLATRE | TOTTER | |
| Designate Type of Completion - (X) Designate Type of Completion - (X) Designate Spudded 8-18-92 Developed Date Compl. Ready to Prod. 9-11-92 Developed Date Compl. Ready to Prod. 6458' GL Fruitland Depth Services 3150' - 3192' TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET 12-1/4" 9-5/8", 36/8/K-55 282' 200 Sx Cl. G.Circ 95.9 8-3/4" 7", 23/8, 1-55 3050' 400 Sx 65/35 Poz, 150 6-1/4" 5-1/2", 23/8 3194' Cl. G.Circ 65 Bbl. 7. TEST DATA AND REQUEST FOR ALLOWABLE Dit. 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 far full 24 hours.) Date of Test Date of Test Tubing Pressure Casing Pressure Chaing Pressure (Shut-ia) 1450 Date Approved OCT 0 8 1992 Original Signed by CHARLES SHOLODS By Original Signed by CHARLES SHOLODS | f this production is commingled with that fi | rom say of | per lease or | pool, giv | 4 COED | mingi | eg orde | s sumb | | | | | | | |
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| Name of Producing Formation Top Olifon Pay Tabing Depth Section Se | • | 1 | | | | | Total I |)epth | 01051 | | | | 0.101.1 | | |
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| Casing Pressure Casing | Ma Fire New Oil Run To Tank | | | of load o | il and | mudi | | | | | | | for full 24 hou | ns) | |
| GAS WELL GAS WELL GENERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation By certify that the rules and regulations of the Oil Conservation Is true, and complete to the best of my knowledge and belief. Streeture Oil - Bbls. Water - Bbls. Gas MCF Gravity of Condensate 72/Wtr Casing Pressure (Shut-in) 1450 Coll Conservation Oil Conservation Oil Conservation Oct 08 1992 Original Signed by CHARLES GHOLOW | | | | | | | | | | | | \$1, mad | | | |
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| Pitot I 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 in true, and complete to the best of my knowledge and belief. Date Approved Original Signed by CHARLES GHOLDON By Original Signed by CHARLES GHOLDON | | Tubing Fre | | | | | <u>Para</u> | | | | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above in true, and complete to the best of my knowledge and belief. Date Approved | . | | | • | | | Cating | | - | | | l | | | |
| I hereby certify that the rules and regulations of the Od Conservation Division have been complied with and that the information gives above in true and complete to the best of my knowledge and belief. Date Approved | | TE OF | | | CE | | | | | | | <u> </u> | | | |
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| By Original Signed by CHARLES GHOLSON | | | | ea above | | | | | | | 0 | OT AS | 1992 | • | |
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| | All Miller | <u> </u> | | | | _ | | 3 | Oriai | nal Siar | ned by | CHARLES | GHOL50N | | |
| Dilling Supervisor II | R.A. Allred | <u>Orilli</u> | ng Sup | ervis | sor | i | ' | y | | | | | | | |
| Printed Name THE DEPUTY OIL & GAS INSPECTOR, DIST. #1 | Printed Name | | | Tide | | - | ٦ ٦ | litle | DEPUT | Y OIL 8 | GAS | INSPECTO | r, dist. #3 | • | |
| 9-29-92 (505) 599-3412 Telephone No. | | (לטכו | | | 0. | - | <u> </u> | | | | | | · | | |
| INSTRUCTIONS: This form is to be State and if | | | | | نصح | | l | · | | | | | | | |

- 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.