

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
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| SANTA FE               |     |
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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

|  |   |   |
|--|---|---|
| Operator<br>Suburban Propane Exploration Co., Inc.   |   |   |
| Address<br>P.O. Box 17689 - San Antonio, Texas 78217 |   |   |
| Reason(s) for filing (Check proper box)              |   | Other (Please explain)                    |
| New Well <input type="checkbox"/>                    | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | OPERATOR NAME CHANGE ONLY - EFF. 10/1/80. |
| Recompletion <input type="checkbox"/>                |   |   |
| Change in Ownership <input type="checkbox"/>         |   |   |

If change of ownership give name and address of previous owner **SUBURBAN PROPANE GAS CORPORATION**

## DESCRIPTION OF WELL AND LEASE

|  |                |  |  |                                |
|--|----------------|--|--|--------------------------------|
| Lease Name<br>NW Cha Cha Unit 28   | Well No.<br>41 | Pool Name, Including Formation<br>Cha Cha Gallup | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>14-20-603<br>2168 |
| Location<br>Unit Letter <u>A</u> : <u>660</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>E</u><br>Line of Section <u>28</u> Township <u>29N</u> Range <u>14W</u> , NMPM, <u>San Juan</u> County |                |  |  |                                |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |             |
|---|--|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Plateau, Inc. | Address (Give address to which approved copy of this form is to be sent)<br>4775 Indian School Rd., N.E., Suite 200<br>Albuquerque, N.M. 87110 |             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                     | Address (Give address to which approved copy of this form is to be sent)   |             |
| If well produces oil or liquids, give location of tanks.  | Unit<br>0  | Sec.<br>26  |
|   | Twp.<br>29N  | Rge.<br>14W |
|   | Is gas actually connected? <u>No</u> When  |             |

If this production is commingled with that from any other lease or pool, give commingling order number:

|  |                             |          |                 |          |        |                   |             |              |
|--|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X)     | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Restv. | Diff. Restv. |
|  |                             |          |                 |          |        |                   |             |              |
| Date Spudded                           | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |             |              |
| Elevations (D) <u>3, RT, GR, etc.,</u> | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |             |              |
| Perforations                           |                             |          |                 |          |        | Depth Casing Shoe |             |              |

| TUBING, CASING, AND CEMENTING RECORD |                      |           |              |
|--------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE                            | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|                                      |                      |           |              |
|                                      |                      |           |              |
|                                      |                      |           |              |
|                                      |                      |           |              |

## 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 or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | 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.                                 | Gas - MCF  |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

## 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.

Vice President of Drilling and Production

September 30, 1980

## OIL CONSERVATION DIVISION

APPROVED **OCT 6 1980**, 19  
BY **Original Signed by FRANK T. CHAVEZ**  
TITLE **SUPERVISOR DISTRICT # 3**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name, or number, or transporter, or other such change of condition.

Form C-104 must be filed for each pool in multiply.