

OIL CONSERVATION DIVISION

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

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

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

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

I.

| | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Operator Tiffany Gas Co. | Well API No. 300451300100 |
| Address P.O. Box 50, Farmington, NM 87499 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator Amoco Production, P.O. Box 800, Denver, CO | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------|----------------|-----------------------------------------------------------|----------------------------------------|-----------------------------|
| Lease Name USG Section 19 | Well No. 24 | Pool Name, including Formation Dakota, <i>Heq back</i> | Kind of Lease State, Federal or Fee | Lease No. I-89-IND-58 |
| Location (*NWSE) | | | | |
| Unit Letter J | : <i>23/10</i> | Feet From The <i>S</i> | Line and <i>*1650</i> | Feet From The <i>E</i> Line |
| Section 19 | Township 29 | Range 16 | County NMPM, San Juan | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS N/A ← *Water Injection Well (Shut-in)*

| | |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 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) |
| 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 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) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | 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 | | |
| | | | | | | | | |

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 or be for full 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 |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | MMCF |

RECEIVED
JUL 18 1991

GAS WELL

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

OIL CON. DIV
DIST. 3

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.

Sean C. Burr
 Signature
 Sean C. Burr Production Manager
 Printed Name
 7/17/91 Date
 (505) 325-1701 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 18 1991

By *Sean C. Burr*

Title SUPERVISOR DISTRICT #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.