## DISTRIBUTION SANTA FE

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

| 1.   | Address   | AUTHORIZATION TO TRA  | Other (Please explain) E  Assumed name for   | ffective 4/1/79<br>formerly            |
|------|---|---|--|--|
|      | Change in Ownership  If change of ownership give name and address of previous owner   | Casinghead Gas Conder   | Atlantic Richfie   | Id Company.                            |
| 11.  | DESCRIPTION OF WELL AND State "E" Gas Com.  Location  Unit Letter 0 : 8   | LEASE.    Well No.   Pool Name, Including F   1   Basin Dakota   Basin Dakota   Pool Name   Pool Name | State, Federa  | lorFee State E 2940                    |
|      | Line of Section 16 Tow  | vaship 29N Range  | 124 /OW. NMPM, SE  | an Juan County                         |
| III. | Plateau, Inc.,  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Box 108, Farmington, NM 87401  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  El Paso Natural Gas Company  Box 990, Farmington, NM 87401  If well produces oil or liquids,  Unit Sec. Twp. Page Outs gas actually gennected?  When |   |  |  |
|      | ive location of tanks. 10 16 29N 12W Yes 0ct. 18, 1968  |   |  |  |
| IV.  | If this production is commingled with COMPLETION DATA  Designate Type of Completion   | Oil Well Gas Well   | New Well Wakover 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 O!!/Gas Pay  | Tubing Depth                           |
|      | Perforations  |   | Depth Casing Shoe  |  |
|      |   | 1   | CEMENTING RECORD   |  |
|      | HOLE SIZE   | CASING & TUBING SIZE  | DEPTHSET   | SACKS CEMENT                           |
|      |   |   |  |  |
| v.   | TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Bun To Tanks  Date of Test  Producing Method (Flow, pump, gas life, etc.)  |   |  |  |
|      | Length of Test  | Tubing Pressure   | Casing Pressure  | Choke Size                             |
|      |   |   | Water-Bbls.  | Gas-MCF                                |
|      | Actual Prod. During Test  | OII-Bble.   | Wide a Die.  | MAR Silver                             |
|      | GAS WELL Actual Prod. Teet-MCF/D  | Length of Test  | Bble. Condensate/MMC   | Gravity of Condensate                  |
|      | Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)   | Casing Pressure (Ehu-in)   | Choke Size                             |
| VI.  | CERTIFICATE OF COMPLIANCE   |   | OIL SONSERVATION COMMISSION  |  |
|      | I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  (Signature)  Accounting Supervisor  (Title)   |   | APPROVED Original Signed by A. R. Kendrick  BY  SUPERVISOR DIST, AND  This form is to be filed in compliance with RULE 1104.  If this is a remest for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All sections: this form must be filled out completely for allowable on new and recompleted wells.  Fill out only sections 1. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.  Separate Forms C-104 must be filed for each pool in multiply completed wells. |  |
|      | March 9, 1979 (Vale)  |   |  |  |