

ENERGY AND MINERALS DEPARTMENT

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SANTA FE

FILE

U.S.O.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Revised 10-1-78

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Texas Eastern Developments, Inc.

Address

P. O. Box 2521 Houston, Texas 77001

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

☒

☐

☒

Change in Transporter of:

Oil

Casinghead Gas

☐

☐

☐

Dry Gas

Condensate

☐

☐

Other (Please explain)

unit letter from H

If change of ownership give name and address of previous owner

Shiprock Corp. P. O. Box 211, Farmington, N.M. 87401

I. DESCRIPTION OF WELL AND LEASE

Lease Name

Navajo 17-H

Well No.

93

Pool Name, Including Formation

Shiprock-Gallup

Kind of Lease

State, Federal or Fee Navajo

Lease No.

14-20-603-5036

Location

Unit Letter

H I

:

2601

Feet From The

S

Line and

361

Feet From The

E

Line of Section

17

Township

29 N

Range

18 W

NMPM,

San Juan

County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

☒

or Condensate

☐

Thriftway Company

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1367, Farmington, N.M. 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)

If well produces oil or liquids, give location of tanks.

Unit

H

Sec

17

Twp

29N

Ros

18W

Is gas actually connected?

No

When

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

III. 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

IV. 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.

Margaret Bane

(Signature)

Administrative Coordinator

April 22, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 2

TITLE

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 deviated 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.