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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.K.

API 30-045-22416

Operator Vista Resources, Inc.	
Address 237 Eubank Blvd., N.E. Suite B - Albuquerque, New Mexico 87123	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Scates Exploration Co., Inc. 260 No. Belt East, Suite 130, Houston, TX 77060

DESCRIPTION OF WELL AND LEASE				
Lease Name Navajo Tract 20	Well No. 22-31	Pool Name, including Formation Pajarito Penn. "D"	Kind of Lease State, Federal or Fee Tribal	Lease No. 5024
Location				
Unit Letter F	1980'	Feet From The North	Line and	1980'
Line of Section 31		Township 29N	Range 17W	County San Juan

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
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)					
Plateau, Inc.	P.O. Box 108, Farmington, N.M.					
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)					
None						
If well produces oil or liquids, give location of tanks.	Unit 31	Sec. 29N	Twp. 17W	Pge. No	Is gas actually connected? No	When

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 4/19/77	Date Compl. Ready to Prod. 1/18/78	Total Depth 7266	P.B.T.D. 7252
Elevations (DF, RKB, RT, GR, etc.) 5210' KB 5196' GL	Name of Producing Formation Paradox	Top Oil/Gas Pay 7189	Tubing Depth 7128' KB
Perforations 7189-91 & 7197-7203		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	180' KB	Top to Bottom
12 1/4	9 5/8	2559' KB	166 sx
8 3/4	5 1/2	7265' KB	125 sx
	2 7/8	7128' KB	

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 1/30/78	Date of Test 2/9/78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr.	Tubing Pressure 200 psig	Casing Pressure 0 (pkr.)	Choke Size 28/64"
Actual Prod. During Test 58	Oil - Bbls. 58	Water - Bbls. 1095	Gas - MCF TSTM

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

I. CERTIFICATE OF COMPLIANCE

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.

Richard H. Kensing
(Signature)
Production Co-Ordinator
(Title)
March 21, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 31 1979, 19

BY Original Signed by A. R. Kendrick

TITLE Supervisor of Wells

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.

Separate Forms C-104 must be filed for each pool in multiply zoned wells.