

OIL CONSERVATION DIVISION  
P. O. BOX 2080  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PRODUCING ROYALTIES, INC.

Address  
P. O. BOX 1071, Lubbock, Texas 79408

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☒  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change Well No. from 2-A

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name <b>Payne</b>	Well No. <b>2-J</b>	Pool Name, Including Formation <b>FULCHER KUTZ P. C.</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>SF065557</b>
Location (Note: The unit letter in the reports on the Payne 2-A were incorrectly reported F) Unit Letter <b>E</b> : <b>1800</b> Feet From The <b>North</b> Line and <b>800</b> Feet From The <b>West</b> Line of Section <b>12</b> Township <b>29-N</b> Range <b>12-W</b> , NMPM, <b>San Juan</b> County <b>New Mexico</b>				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> <b>Southern Union Gathering Co. Gas Company of New Mexico</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 815 Farmington, New Mexico 87401</b>	
If well produces oil or liquid, give location of tanks. <b>None</b>	Unit <input type="checkbox"/> Sec. <input type="checkbox"/> Twp. <input type="checkbox"/> Rge. <input type="checkbox"/>	Is gas actually connected? <b>No</b> When <b>None</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas well <input checked="" type="checkbox"/> New Well <input 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 <b>6-12-1978</b>	Date Compl. Ready to Prod. <b>7-27-1978</b>	Total Depth <b>2026 feet</b>
Elevations (DF, RAB, RT, GR, etc.) <b>5790 feet GR</b>	Name of Producing Formation <b>Pictured Cliffs</b>	Top Oil/Gas Pay <b>1910 feet</b>
Perforations <b>1910' to 1930' and 1934 to 1940' with 26shots (One 2-1/8" /ft.)</b>	Tubing Depth <b>1-1/4" to 1917 ft. GR</b>	
Depth Casing Shoe <b>2010 ft.</b>		
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
<b>8-3/4 inch</b>	<b>7"</b>	<b>63 feet</b>
<b>4-3/4 inch</b>	<b>2-7/8"</b>	<b>2010 feet</b>
	<b>1-1/4"</b>	<b>1917 feet</b>

## 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.	MCF

## GAS WELL

Actual Prod. Test-MCF/D <b>882 AOF</b>	Length of Test <b>3-hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <b>Back Pressure</b>	Tubing Pressure (shut-in) <b>150 SI</b>	Casing Pressure (shut-in) <b>151 SI</b>	Choke Size <b>5/8" Pos Choke</b>

## 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.

PRODUCING ROYALTIES, INC.

By:

P. L. Payne, Jr. (Signature) (President)

(Title)

(Date)

## OIL CONSERVATION DIVISION

APPROVED **NOV 1 1978**BY **Original Signed by A. R. Kendrick**TITLE **SUPERVISOR DISTRICT 10**

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