

| NEW MEXICO OIL CONSERVATION COMMISSION | | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | |
|--|--|---|---|
| REQUEST FOR ALLOWABLE AND | | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | |
| U.S.G.S. | | B.R. | |
| LAND OFFICE | | | |
| TRANSPORTER | | OIL GAS | |
| OPERATOR | | | |
| PRODUCTION OFFICE | | | |
| Operator Vista Resources, Inc. | | | |
| Address 800 Rio Grande Blvd. N.W., Suite 10, Albuquerque, New Mexico 87104 | | | |
| 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 type="checkbox"/> | | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of ownership give name and address of previous owner | | | |
| DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name Navajo Tract 20-31 | Well No. 31 | Pool Name, Including Formation Pajarito Penn "D" | Kind of Lease State, Federal or Fee Tribal |
| Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East | | | Lease No. 5024 |
| Line of Section 31 Township 29N Range 17W, NMPM, San Juan County | | | |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc. | | Address (Give address to which approved copy of this form is to be sent) 4775 Indian School Rd. N.E. Albuquerque, NM 87110 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | | 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 31 | Sec. 29N | Twp. 17W |
| Is gas actually connected? | | When | |
| No | | | |
| 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"/> |
| Date Spudded 3/1/80 | Date Compl. Ready to Prod. 6/12/80 | Total Depth 7300 | P.B.T.D. 7248 |
| Elevations (DF, RAB, RT, CR, etc.) 5179 GL 5195 KB | Name of Producing Formation Paradox | Top Oil/Gas Pay 7195 | Tubing Depth 7289 KB |
| Perforations 7195-7197 | Depth Casing Shoe | | |
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17 1/2 | 13 3/8 | 202 KB | Circulated |
| 12 1/4 | 9 5/8 | 2569 KB | Circulated |
| 8 3/4 | 7 | 6499 KB | 75 sx C1 B + 2% CC |
| | 4 1/2 | 7289 KB | 75 sx |
| 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 6/12/80 | Date of Test 6/26/80 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hr. | Tubing Pressure 210 psig | Casing Pressure 200 psig | Choke Size 2 1/2 |
| Actual Prod. During Test 10 | Oil-Bbls. 10 | Water-Bbls. 902 | Gas-MCF 10 |
| 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. | | OIL CONSERVATION COMMISSION DEC 29 1980 | |
| R.H. Hansing (Signature) Production Co-Ordinator 8/13/80 (Date) | | APPROVED BY Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3 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 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 completed wells. | |