

NO. OF COPIES RECEIVED

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

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

API 30-045-23265

Operator

Horace F. McKay, Jr.

Address

P.O. Box 14738

Albuquerque, New Mexico 87111

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Dry Gas

Casinghead Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Sullivan

Well No.

3-A

Pool Name, Including Formation

~~Aztec Fruitland~~
Aztec Pictured Cliffs

Kind of Lease

State, Federal or Fee

Fee

Lease No.

Location

Unit Letter

A

990

Feet From The

North

Line and

1050

Feet From The

East

Line of Section

29

Township

29N

Range

10W

NMPM,

San Juan

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

El Paso Natural Gas Company

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

P.O. Box 1492, El Paso, Texas

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

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

Wait on connection

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'tv.

Diff. Res'tv.

Date Spudded

11-3-78

Date Compl. Ready to Prod.

12-21-78

Total Depth

1900

P.B.T.D.

1850

Elevations (DF, RKB, RT, GR, etc.)

5492 Gr

Name of Producing Formation

~~Fruitland~~
Pictured Cliffs

Top of Gas Pay

1766-1806

Tubing Depth

2-3/8 @ 1693

Perforations

Depth Casing Shoe

1891

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

11 1/4

7 1/2

86

100 SX

1891

200 SX

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, etc.)

Length of Test

Testing Pressure

Casing Pressure

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

GAS WELL PICTURED CLIFFS 1766-1806

Actual Prod. Test/MCF

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

1401 MCF

3 hrs.

Testing Method (pilot, back pr.)

Testing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

Office Well Tester

426, 7 days

3/4

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.

Signature

1-8-1979

OIL CONSERVATION COMMISSION

MAR 8 1979

APPROVED

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. 38

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.