Distantine for NEW ME XICO DIL CONSERVATION COPRISION Supresedes Oltration 57 NTA TE REQUEST FOR ALLOWABLE Effective 1-1-65 Alth FILE AUTHORIZATION TO TRANSPORT OIL AND INTURAL GAS U.S.G.S. LANT OFFICE Oil OPERATOR PROPATION OFFICE Copperator S & I OIL COMPANY 413 W. Main, Farmington, New Mexico 87401 Other (Fleuse explain) Reason(s) for filing (Check proper box) Change in Transporter of: LX CH Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease Lease No. eli No. State, Federal or Fee Cha Cha Gallup 1 Dorothy Location 520 east 1840 south Feet From The Line and Feet From The Unit Letter San Juan 15W County , NMPM, 11 Township Range Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | X | or Condensate | | Address (Give address to which approved copy of this form is to be sent) 300 W. Arrington, Suite 300, Farmington, N.M. Address (Give address to which approved copy of this form is to be sent) Merit Oil Corporation Name of Authorized Transporter of Casinghead Gas ____ or Dry Gas ___ Is gas actually connected? When P.ge. Unit Sec Twp. If well produces oil or liquids, give location of tanks. 29N 15W No Unknown 11 ; I If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Oil Well New Well Workover Plug Back Designate Type of Completion - (X) x X Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 4670' 4665 4-25-80 Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 44991 4379' Cha Cha Gallup 5179 Gr. Depth Casing Shoe Perforations 4379-82, 4405-07, 4412-17, 4431-33, 4445-47, 4459-63, 4470-73 29541 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 250 2981 8 5/8 12 1/4 975 4665' 4 1/2 7 7/8 2 3/811 V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Flow 6/13/80 5/27/80 Choke Size Casing Pressure Tubing Pressure Length of Test 367 24 Hrs. 140 Water - Bble. Oil - Bble. Actual Prod. During Test 150 None 150BBLS **GAS WELL** Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing kiethod (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE AUG 2 6 1980 APPROVED

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.

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Original Signed by FRANK T. CHAVEZ

BY.

SUPERVISOR DISTRICT 零 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 deeps well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 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.