

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator
Pioneer Production Corp.

Address
P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 Salmon	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fee ---	Lease No. ---
Location					
Unit Letter B	580'	Feet From The North	Line and 1440	Feet From The East	
Line of Section 30	Township 29 North	Range 11 West	, NMPM, San Juan		County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Inland Corp.	P O Box 1525, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P O Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 30	Twp. 29N	Rge. 11W	Is gas actually connected? Yes	When 1-26-82

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XXX	XXX					
Date Spudded 8-11-81	Date Compl. Ready to Prod. 1-24-82	Total Depth 6200'	P.B.T.D. 6158' RKB					
Elevations (D, RT, CR, etc.) 5462' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6027'	Tubing Depth 5926' RKB					
Perforations 6027-6146', 21 holes			Depth Casing Shoe 6197' RKB					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Back hoe dug hole	14"	15' GL	432 cu. ft.
12-1/4"	8-5/8"	466' RKB	354 cu. ft.
7-7/8"	4-1/2"	6197' RKB	2673 cu. ft. in 2 stages
	1-1/4"	5926' RKB	

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.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 905 MCF/GPD	Length of Test 8 hrs.	Bbls. Condensate/MMCF 27.6	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 1345 psi	Casing Pressure (Shut-in) Chacra	Choke Size 4" meter run, 1 1/2" o.p.

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.

Jim L. Jacobs
Agent
2-16-82
(Signature)
(Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED
Original Signed by FRANK T. CHAVEZ
BY
SUPERVISOR DISTRICT

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