

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

S & I Oil Company

Address
Rt. 3, Box 35, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moore	Well No. 1	Pool Name, including Formation Cha Cha Gallup	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>29N</u> Range <u>15W</u> , NMPM, <u>San Juan</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>E</u>	Sec. <u>12</u>
	Twp. <u>29N</u>	Rge. <u>15W</u>
	Is gas actually connected? <u>no</u>	When <u>never</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>6-19-81</u>	Date Compl. Ready to Prod. <u>7-25-81</u>	Total Depth <u>4700</u>	P.B.T.D. <u>4682</u>					
Elevations (D, RT, GR, etc.) <u>5193</u>	Name of Producing Formation <u>Cha Cha Gallup</u>	Top Oil/Gas Pay <u>4424</u>	Tubing Depth/ <u>4582</u>					
Perforations <u>4424, 25, 27, 31, 39, 41, 49, 51, 53, 65, 69, 83, 4491; 4502, 04, 09, 17, 33, 36, 39, 98, 4600; 4600, 02, 19</u>	Depth Casing Shoe <u>4682</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4</u>	CASING & TUBING SIZE <u>8 5/8</u>		DEPTH SET <u>281.5</u>		SACKS CEMENT <u>250 sacks</u>			
<u>7 7/8</u>	<u>4 1/2</u>		<u>4682</u>		<u>800 sacks</u>			
	<u>2 3/8</u>		<u>4582 4482</u>					

V. 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 <u>7-25-81</u>	Date of Test <u>7-30-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>120#</u>	Casing Pressure <u>400#</u>	Choke Size <u>1/4 to 1/2</u>
Actual Prod. During Test	Oil - Bbls. <u>120</u>	Water - Bbls.	Gas - MCF <u>150 Est.</u>

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

VI. 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.


(Signature)
Managing Partner
(Title)
10-19-82
(Date)

OIL CONSERVATION DIVISION
OCT 21 1982APPROVED _____, 19 ____
BY Original Signed by Frank J. Chavez
SUPERVISOR DISTRICT # ____
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.