

OIL CONSERVATION DIVISION
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.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	

1. 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"/>	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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Farmington Com B	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No. ---
Location					
Unit Letter 0	:	1725	Feet From The East	Line and 655	Feet From The South
Line of Section 15	Township 29N	Range 13W	, NMPM, San Juan		County

III. 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 1528 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 0	Sec. 15	Twp. 29N	Rge. 13W	Is gas actually connected? No	When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 8-1-81	Date Compl. Ready to Prod. 2-18-82	Total Depth 5910' RKB		P.B.T.D. 5885' RKB				
Elevations (D _h , RT, GR, etc.) 5321' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 5721'		Tubing Depth 5608' RKB				
Perforations 5721-5883' RKB, 23 holes				Depth Casing Shoe 5910' RKB				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
back hoe	13-3/8"	28' GL		756 cu.ft. (ready mix)				
12-1/4"	8-5/8"	363' RKB		354 cu.ft.				
7-7/8"	4-1/2"	5910' RKB		2316 cu.ft. in 2 stages				
	1-1/4"	5608' RKB						

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	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 1033	Length of Test 8 hrs	Bbls. Condensate/MMCF 29	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 1811 psi	Casing Pressure (shut-in) 1958 psi	Choke Size 1 1/2" o.p.

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) Jim L. Jacobs
Agent
(Title)
3-2-82
(Date)

OIL CONSERVATION DIVISION

APPROVED

Original Signed by CHARLES GHOLSON

BY
TITLE DEPUTY CHIEF OF BUREAU, DIST. #3

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.