

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

Beartooth Oil and Gas Company

Address

Box 2504, Billings, Montana 59103

Reasons for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Coalinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                    |          |                                                           |                               |                  |
|--------------------|----------|-----------------------------------------------------------|-------------------------------|------------------|
| Lease Name         | Well No. | Pool Name, including Formation                            | Kind of Lease                 | Lease No.        |
| Elledge Federal-34 | 11       | Undesignated Farmington                                   | State, Federal or Fee Federal | SFO47019(a)      |
| Location           |          |                                                           |                               |                  |
| Unit Letter        | 2        | 790' Feet from The North Line and 955' Feet from The West |                               |                  |
| Line of Sec.       | 34       | Township                                                  | 29N                           | Range            |
|                    |          |                                                           | 11W                           | N.M.M., San Juan |
|                    |          |                                                           |                               | County           |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                              |                                                                          |      |      |      |                            |      |
|--------------------------------------------------------------|--------------------------------------------------------------------------|------|------|------|----------------------------|------|
| Transporter (Give name of transporter of oil and condensate) | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| Gas Co. of New Mexico                                        | 403 J.P. White Bldg. Roswell, N.M. 88201                                 |      |      |      |                            |      |
| Is well producing oil or gas?                                | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| no                                                           |                                                                          |      |      |      |                            |      |

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 Restv. | Diff. Restv. |
|                                    |                             | X               | X            |          |        |           |             |              |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |             |              |
| 2-7-81                             | 4-20-81                     | 1567'           | 1535'        |          |        |           |             |              |
| Elevations (B.S., F.T., GR., etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |        |           |             |              |
| 5572 G.L.                          | Farmington                  | 1060'           |              |          |        |           |             |              |
| Perforations                       | Depth Casing Shoe           |                 |              |          |        |           |             |              |
| 1060/1064                          | 1563'                       |                 |              |          |        |           |             |              |

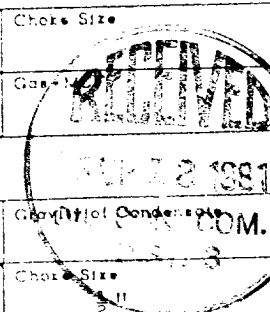
## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 8 7/8"    | 7.000                | 128 KB    | 50sx         |
| 5 7/8"    | 2 7/8                | 1563 KB   | 175sx        |

## 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 of Test             | Producing Method (Flow, pump, gas lift, etc.) |
|                          |                                               |
| Length of Test           | Testing Procedure                             |
|                          |                                               |
| Actual Prod. During Test | Choke Size                                    |
|                          |                                               |

ILLEGIBLE



## GAS WELL

|                                      |                            |                           |            |
|--------------------------------------|----------------------------|---------------------------|------------|
| Actual Prod. Test-MCF/D              | Length of Test             | Bbls. Condensate/MMCF     | Choke Size |
| 300 MCF/D                            | 3 hours                    | 0                         | 2 1/2"     |
| Testing Method (Flow, shut-in, etc.) | Testing Pressure (Shut-in) | Casing Pressure (Shut-in) |            |
| BI                                   | 482                        |                           |            |

## 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.

Agent

(Date)

9-15-81

(Date)

OIL CONSERVATION DIVISION  
SEP 23 1981

APPROVED \_\_\_\_\_, 19\_\_

Original Signed by FRANK T. CHAVEZ

BY \_\_\_\_\_ SUPERVISOR DISTRICT # 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 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 Form C-104 must be filed for each pool in multiply completed wells.

