STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT \*\* \*\* (\*\*\*\*\* \*\*\*\*\*\*\*\* DISTRIBUTION DISTRIBUT SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS \_

5 NMOCD

(Date)

2-17-82

2 Pioneer

1 EPNG 1 Inland

Form C-104 Revised 10-1-78

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION OFFICE	AUTHORIZATIO	5/1 10 1/1/4/5/											
Operator Pioneer Production Co	orp.												
Address P O Box 208, Farmingt			<u></u>										
Reason(s) for filing (Check proper box,			Other (Please	explain)									
New Well XXX	Change in Transp	porter of:											
Recompletion	Cil	Dry Ga	, [										
Change in Ownership	Casinghead Gas	Conden	sate 🔲										
Change in Content study													
If change of ownership give name and address of previous owner													
DESCRIPTION OF WELL AND	LEASE	lame, Including Fo	ormation	Kind of Lease		Lease No.							
Lease Name Scott	,	Basin Dakot		State, Federal	or Fee Fee								
Location					East	-1							
Unit Letter;	Feet From The_		e and	Feet From T	he								
Line of Section 2 Tov	wnship 29 N	Range	13 W , NMPM	, San	Juan	County							
DESIGNATION OF TRANSPORT	TER OF OIL AND	NATURAL GA	S Address (Give address t	o which approv	ed copy of this form is	to be sent)							
Name of Authorized Transporter of Oil	or Condenso	v. a (∇)v				•							
Inland Corp.	P 0 Box 1528, Farmington, NM 87401  Address (Give address to which approved copy of this form is to be sent)												
Name of Authorized Transporter of Casinghead Gas of Cry Gas(大) El Paso Natural Gas Company			P O Box 990, Farmington, NM 87401										
If well produces oil or liquids, give location of tanks.	Unit Sec. T	29N 13W	Is gas actually connected Yes	ed? Whe	2-10-82	,							
If this production is commingled with	th that from any other	r lease or pool,	give commingling order	number:									
COMPLETION DATA	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back   Same Re:	s'v. Diff. Res'v.							
Designate Type of Completic	on – (X)	¦ XX	XX	``I									
Date Spudded 7-22-81 7-21-81	Date Compl. Ready to Prod. 2-6-82		Total Depth 6142-6140'		6082' RKB								
Elevations (DF, RKB, RT, GR, etc.) 5411 GL	Name of Producing Formation  Dakota		Top Oll/Gas Pay 5894		Tubing Depth 5703' RKB								
Perforations	1 337		Depth Casing Shoe 6142 R	VD									
5894-6061, 23 holes	TIBING	CASING AND	CEMENTING RECOR	D	0142 K	ND							
	- <del></del>		DEPTH SE		SACKS CE	MENT							
HOLE SIZE	CASING & TUBING SIZE  8-5/8"		331' RKB		167 cu.ft.								
12-1/4" 7-7/8"	4-1/2"		6142' RKB		359 cu.ft. 1	st stage							
7-1/8	4-1/2		OTTE KKD		1780 cu.ft. 2								
	1-1/4"		5703' RKB										
TEST DATA AND REQUEST F		(Test must be a	fter recovery of total volu pth or be for full 24 hours	me of load oil a	and must be equal to or	exceed top allow-							
OIL WELL Date First New Oil Run To Tanks	Date of Test	Bute jo. Inta de	Producing Method (Flow	u, pump, gas lif	, etc.)	`ه <sub>ر</sub>							
Date First New Oil Run 10 I unks	rat New Off Run To Tanks Date of 1981												
Length of Test	Tubing Pressure		Casing Pressure		Choke Size								
Actual Prod. During Test	ost Oil-Bbls.		Water - Bbls.		Gae - MCF								
						<u></u>							
GAS WELL													
Actual Prod. Teet-MCF/D 990 MCFGPD	Length of Test 8 hrs.		Bbls. Condensate/MMCF		Gravity of Gendensate								
Testing Method (pirot, back pr.) back pressure	Tubing Pressure (shut-in) 1930 PSi		Cosing Pressure (Shut	-i <b>o</b> )	Choke Size 4" meter run;	1½" o.p							
CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION .										
			APPROVED			19							
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 Dest of my knowledge and belief.			AFFROVED										
			BY Original Signed by FRANK T. CHAVEZ										
			SUPERVISOR DISTRICT 張 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										
							(Sign	Agent	Juyan	I tests taken on the	Mell ID accou	TRUCK MICH MORE IN	1.
							-	Ment		All sections of able on new and re	this form must	it be filled out compl lis.	ecary for allow-
(4)	····		Il sora ou new suc to	* · · • · · · · · · · · · · · · · · · ·		!							

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.

Secreta Forms C-104 must be filed for each pool in multiply