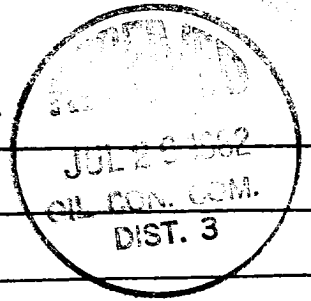


OIL CONSERVATION DIVISION
P.O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator
S & I OIL COMPANY
Address
Rt. 3, Box 35, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Accomplishment ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Davie	Well No. #1	Pool Name, including Formation Chia-Cha Gallup	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M ; 330 Feet From The South Line and 870 Feet From The West Line of Section 2 Township 29N Range 15W , 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 type="checkbox"/> Smart Refinery	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Intrastate Gathering Corporation	Address (Give address to which approved copy of this form is to be sent) 1675 Broadway, Suite 2430, Denver, Co. 80202					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 2	Twp. 29N	Rge. 15W	Is gas actually connected? yes	When May 23, 1982

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	Some Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D) N, RT, GR, etc.,	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Portation Name				Depth Casing Shoe				

TUBING, CEMENT, AND CEMENTING RECORD

DATE	WORKING & TUBING	DATE	WORKING & TUBING

V. TEST DATA AND REQUEST FOR ALLOWABLE (You must be able to recover at least 10% of total volume of test oil and must be equal to or exceed the allowable for this depth or be for full 24 hours)

Date Test: how Oil Run To Tank	Date of Test	Producing Interval (If test, 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	Length of Test	Bbls. Condensate/MCF	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.

Barbara Hutchinson
(Signature)

Secretary

(Title)

July 14, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 26 1982**, 19

BY **Original Signed by CHARLES GHOLSON**

TITLE **DEPUTY OIL & GAS INSPECTOR, 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 deepen well, this form must be accompanied by a tabulation of the deviate 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 own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.