

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
MAIL ROOM	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	
RECORDS	

Address Lobo ProductionP.O. Box 2364, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

Hookup to Gas Line**RECEIVED**

MAY 25 1983

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Oil Con. Div. No.
<u>Mesa Kirtland-11</u>	<u>#1</u>	<u>Cha Cha Gallup</u>	<u>OIL CON. DIV.</u>	<u>EEE</u>
State, Federal or Free <u>DIST. 3</u>				
Location				
Unit Letter	<u>C</u>	<u>1850</u> Feet From The <u>West</u> Line and <u>1190</u> Feet From The <u>North</u>		
Line of Section	<u>11</u>	Township <u>29N</u>	Range <u>15W</u>	NMPM, <u>San Juan</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Giant Industries</u>	<u>P.O. Box 256, Farmington Highway, Bloomfield</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Intrastate Gathering</u>	<u>P.O. Box 32999, San Antonio, Texas</u>					
Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>C</u>	<u>11</u>	<u>29N</u>	<u>15W</u>	<u>Yes</u>	<u>5-8-83</u>

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 Res'v.	Diff. Res'v.
<u>X</u>	<u>X</u>		<u>X</u>				<u>X</u>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>10-13-82</u>	<u>12-11-82</u>	<u>5173.9' KB</u>	<u>5140' KB</u>					
Elevations (D.F., P.K.B., RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>5157.0 Gr. (5160) KB</u>	<u>! Gallup</u>	<u>4281'</u>	<u>4373' KB</u>					
Elevations			Depth Casing Shoe					
<u>4281-4466</u>	<u>5126-5022</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>2 3/8"</u>	<u>4273' KB</u>	<u>475 sks.</u>
<u>7 7/8"</u>	<u>8 5/8" 24#</u>	<u>240' KB</u>	<u>248 sks.</u>
	<u>5 1/2" 15.50#</u>	<u>5173.9 KB (5164' Gr.)</u>	<u>265 sks & 50 sks.</u>

TEST DATA AND REQUEST FOR ALLOWABLE
NEW 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.)	
<u>12-3-82</u>	<u>1-15-83</u>	<u>Pumping</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 Hours</u>	<u>30 PSI</u>	<u>30 PSI</u>	<u>.625</u>
Oil Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>21</u>	<u>21</u>	<u>0</u>	<u>47</u>

AS WELL

Test Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>47 MCF</u>	<u>24 hours</u>	<u>47</u>	<u>2,238:1</u>
Producing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>Back Pr.</u>	<u>30 PSI</u>	<u>30 PSI</u>	<u>.625</u>

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 is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED

BY Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT #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.

Operator

(Title)

5-23-83

(Date)