

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PETRO ENERGY, INC		Well API No. 30-045-25692
Address PO BOX 701 FARMINGTON, NM 87499		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator SOUTHERN UNION EXPLORATION COMP. BOX 2179 FARMINGTON, NM		

II. DESCRIPTION OF WELL AND LEASE

Lease Name HORSESHOE	Well No. 1	Pool Name, Including Formation MEADOW GALLUP	Kind of Lease State, (Federal) or Fee	Lease No. NM-13468
Location Unit Letter K : 1315 Feet From The WEST Line and 1630 Feet From The SOUTH Line Section 2 Township 39N Range 15W , NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-9-83	Date Compl. Ready to Prod. 6-29-83	Total Depth 4712'	P.B.T.D. 4673'					
Elevations (DF, RKB, RT, GR, etc.) 5250' 6L	Name of Producing Formation GALLUP	Top Oil/Gas Pay 4391'	Tubing Depth 4626'					
Perforations 4593, 4581, 4563, 4561, 4504, 4503, 4502, 4501, 4500, 4499, 4468, 4466, 4458, 4456, 4446, 4444, 4432, 4419, 4417, 4405, 4397, 4491			Depth Casing Shoe 4710					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 32#/ft		395'		265 cu ft 41B			
7 7/8"	4 1/2" 10.5#/ft		471.2		121 270 cu ft			
	2 3/8"		4604		2nd 1150 cu ft			

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 Tank 12-1-87	Date of Test 12-17-88	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure	Choke Size 250
Actual Prod. During Test	Oil - Bbls. 1.39	Water - Bbls.	GAS M

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 **ROBERTA F. ROCKOS** SEC/TREAS
Printed Name **ROBERTA F. ROCKOS** Title
Date **3-23-89** Telephone No. **505-326-1151**

OIL CONSERVATION DIVISION

Date Approved **MAR 23 1989**
By **[Signature]**
Title **SUPERVISOR DISTRICT # 3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.