

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|--|-------------------------------|
| Operator Tiffany Gas Co. | | Well API No. 30-045-027945 |
| Address P.O. Box 50, Farmington, NM 87499 | | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|--|--|-----------------------|
| Lease Name USG Section 18 | Well No. 56 | Pool Name, Including Formation Hogback Dakota | Kind of Lease State, Federal or Fee | Lease No. I89IND58 |
| Location Unit Letter L : 1675 Feet From The South Line and 350 Feet From The West Line Section 7 Township 29N Range 16W , 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"/> Meridian Oil Trading, Inc. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499 | |
| 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 L | Soc. 7 |
| | Twp. 29N | Rge. 16W |
| | Is gas actually connected? No | 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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 8/18/90 | Date Compl. Ready to Prod. 4/18/91 | Total Depth 737.7' | P.B.T.D. NA | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 5033' GR | Name of Producing Formation Hogback Dakota | Top Oil/Gas Pay 736' | Tubing Depth 726.5' | | | | | |
| Performances No perforations | 736 - 738 | | Depth Casing Shoe | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 10 1/2" | CASING & TUBING SIZE 7" 23# N-80 | | DEPTH SET 44' | | SACKS CEMENT 35 sx circulated | | | |
| 6 1/2" | 4 1/2" 10.5# J-55 | | 621.6' 722 | | 100 sx circulated | | | |
| | 2 3/8" 4.7# | | 726.5' | | | | | |

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 4/27/91 | Date of Test 4/27/91 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs. | Tubing Pressure 15 PSI | Casing Pressure 15 PSI | Choke Size None |
| Actual Prod. During Test 5 Bbls. | Oil - Bbls. 5 | Water - Bbls. 9 | Gas - MCF TSTM |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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
Sean C. Burr
Printed Name
10/19/92
Date
Agent
Title
(505) 325-1701
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 20 1992

By
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.