

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator SG Interests I, Ltd.		Well API No. 30-045-28765
Address P. O. Box 421, Blanco, NM 87412-0421		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <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 Archunde 29-10-24	Well No. 1	Pool Name, Including Formation . Basin Fruitland Coal	Kind of Lease Production Fee	Lease No. Fee
Location				
Unit Letter A	1030	Feet From The North	Line and 640	Feet From The East
Section 24	Township 29N	Range 10W	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Gary-Williams Energy Corporation	P. O. Box 159, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 24	Twp. 29N	Rge. 10W	Is gas actually connected? No	When? Approx 2/26/93

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
		X	X					
Date Spudded 9-18-92	Date Compl. Ready to Prod. 1-18-93		Total Depth 2113'		P.B.T.D. 2006'			
Elevations (DF, RKB, RT, GR, etc.) 5547' GL, 5560' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1762'		Tubing Depth 1940'			
Perforations 1762'-1764', 1779'-1793', 1829'-1837', 1898'-1913', & 1913'-1915'						Depth Casing Shoe 2097'		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	270'	200 sx Class B w/2% CaCl
7 7/8"	5 1/2"	2097'	300 sx Pacesetter Lite +
			100 sx Class B w/1% CF-14
	2 3/8"	1940'	

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 well (see Form C-104))

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		FEB 18 1993	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			OIL CON. DIV
Actual Prod. During Test	Oil - Bbla.	Water - Bbla.	Gas - MCF
			DIST. 3

GAS WELL Well is SI - WO PL Conn & Initial Potential Test - will submit when tested.

Actual Prod. Test - MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in) 320 psi	Casing Pressure (Shut-in) 350 psi	Choke Size 1/4"

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 Carrie A. Baze
Printed Name Carrie A. Baze Agent
Date 2/16/93 Telephone No. (915) 694-6107

OIL CONSERVATION DIVISION

FEB 18 1993

Date Approved _____
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.