

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	
FILE	
W.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	
OPERATOR	

Texas Eastern Developments, Inc.

Address P.O. Box 2521 Houston, TX 77252

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CHANGE IN WELL NO.
Was: 7 Shiprock 16LIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Shiprock 16L	Well No. 22	Pool Name, including Formation Shiprock-Gallup	Kind of Lease State, Federal or Fee Navajo	Lease No. 14-20-603-5036
Location Unit Letter L : 1894 Feet From The S Line and 442 Feet From The W Line of Section 16 Township 29N Range 18W, NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Thriftway Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1367 Farmington, NM 87401
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 1	Sec. 16	Twp. 29N	Rge. 18W	Is gas actually connected? When
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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	Some Res't'n.	Diff. Res't'n.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 greater than 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.)
Length of Test	Tubing Pressure	Casing Pressure
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
Sealing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Fori VanderBoegh
(Signature)

Administrative Coordinator

(Title)

May 25, 1982

OIL CONSERVATION DIVISION

JUN 3 1982

APPROVED

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

This form is to be used in compliance with RULE 111.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the dev. 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 casing, tubing, or number of transporters of other such changes of casing.