

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 Uragos Rd., Aztec, NM 87410

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

Operator <b>VASTAR RESOURCES, INC.</b> <i>36619</i>	Well API No. <b>30-045-23259</b>
Address <b>1816 E. MOJAVE, FARMINGTON, NEW MEXICO 87401</b>	
Reason(s) for Filing (Check proper box) <div style="float: right;"> <input type="checkbox"/> Other (Please explain)         </div>	
New Well <input type="checkbox"/>	Change in Transporter of: <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Dry Gas         </div>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective date <u>03/01/94</u>	
If change of operator give name and address of previous operator <u>ARCO Oil and Gas Company, 1816 E. Mojave, Farmington, NM 87401</u>	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name BLANCO 14128	Well No. 1-A	Pool Name, including Formation BLANCO MESAVERDE 72319	Kind of Lease State, Federal or Fee	Lease No. NMSF 078510
Location Unit Letter J : 1735 Feet From The South Line and 1525 Feet From The East Line Section 5 Township 31N Range 8W 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 type="checkbox"/>					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 checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
WILLIAMS FIELD SERVICES 488230					P. O. BOX 58900, SALT LAKE CITY, UT 84158	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					YES	8/13/79
						0900

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	Date Compl. Ready to Prod.	Total Depth				P.D.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

## TUBING, CASING AND CEMENTING RECORD

[illegible]

## 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	<div style="text-align: center;"> <b>RECEIVED</b>  <b>FEB 17 1994</b>  <b>OIL CON. DIV.</b> </div>
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method ( <i>pilot, back pr.</i> )	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.

R. D. Johnston  
Signature

Signature R. D. Johnston Operations Superintendent

<b>Printed Name</b>	<b>Title</b>
---------------------	--------------

02/16/94 505-599-4325

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

## OIL CONSERVATION DIVISION

Date Approved FEB 17 1994

By Eric J. Chang

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.