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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

Operator Curtis J. Little	
Address P. O. Box 2487 Farmington NM 87401	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name KELLY-FEDERAL	Well No. #1	Pool Name, including Formation Basin Dakota	Kind of Lease Federal	Lease No. SF-077754
Location				
Unit Letter M	805	Feet From The South	Line and 790	Feet From The West
Line of Section 8	Township 30N	Range 10W	NMPM, San Juan County	

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)					
El Paso Natural Gas Co.		P. O.. Box 990, Farmington NM 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When

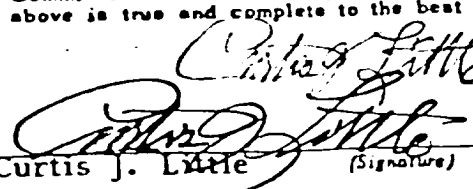
If this production is commingled with that from any other lease or pool, give commingling order number:


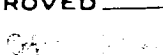

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 7-31-82	Date Compl. Ready to Prod. 9-14-82		Total Depth 7497		P.B.T.D. 7455			
Elevations (DF, RKB, RT, CR, etc.) 6325'KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7256		Tubing Depth 7269			
Perforations 7256-74 10 holes					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	9-5/8	213	125
8-3/4	7	3193	475
6-1/4	4-1/2	7497	475 (769 cf)

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D 962	Length of Test 3-hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (puot, back pr.) back pr.	Tubing Pressure (shot-in) 1950	Casing Pressure (shot-in) 1975	Choke Size 3/4

I. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
 Curtis J. Little (Signature)	
Operator (Title)	
9-23-82 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED  1982, 19	
BY 	
TITLE 	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 owner, well name or number, or transporter, or other such change of condition.	