

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.E.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Lobo Production	
Address PO Box 2364 Farmington, NM 87499	
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 Mesa-Twin Mounds	Well No. #1	Pool Name, Including Formation WC Gallup-Basin <del>Dakota</del>	Kind of Lease State, Federal or Fee Federal	Lease No. NM27024
Location				
Unit Letter <u>D</u> : <u>790'</u> Feet From The <u>North</u> Line and <u>990'</u> Feet From The <u>West</u>				
Line of Section <u>30</u> Township <u>30N</u> Range <u>14W</u> , NMPM, <u>San Juan</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refinery	Address (Give address to which approved copy of this form is to be sent) PO Box 256, 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 D	Sec. 30	Twp. 30N	Rge. 14W	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/28/83	Date Compl. Ready to Prod. 7/ 15/83	Total Depth 5830'	P.B.T.D. 5782'					
Elevations (DF, RKB, RT, GR, etc.) 5505 DB	Name of Producing Formation Gallup	Top Oil/Gas Pay 4729'	Tubing Depth 4730'					
Perforations 1994-5161			Depth Casing Shoe					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	24# K55 8 5/8"	212.90 KB	150 sks. C1s B Surface
7 7/8"	17.0# J55 5 1/2"	5830'	400 sks. C1s B (544Cf)
			200 sks. C1s B (320Cf)
	2 3/8	4730	700 sks 65/35 w/29.1 (848Cf)
			50 sks C1 B (59Cf)

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 7/18/83	Date of Test 7/26/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 50	Casing Pressure 375	Choke Size 1/2"
Actual Prod. During Test 45	Oil-Bbls. 45	Water-Bbls. 0	Gas-MCF 150

## 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

## 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. E. S. J. S. J.  
(Signature)  
Operator  
(Title)  
8-3-83  
(Date)

OIL CONSERVATION DIVISION	
8-2-83	AUG 5 - 1983
APPROVED	19
Original Signed by FRANK T. CHAVEZ	
BY	SUPERVISOR DISTRICT " "
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 deviation  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-  
able 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.Separate Forms C-104 must be filed for each pool in multiply  
completed wells.