

**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 <b>BASIN MINERALS, LTD.</b>		Well API No.
Address c/o Walsh Engr. & Prod. Corp. P. O. Drawer 419 Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Effective 8/9/90 change in Transporter
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	From Conoco, Inc to Giant Refining Company
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

If change of operator give name and address of previous operator

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Atlantic "A" LS</b>	Well No. <b>6</b>	Pool Name, Including Formation <b>Blanco Mesa Verde</b>	Kind of Lease State State, Federal or Fee	Lease No. <b>FEE</b>
Location				
Unit Letter <b>B</b>	: <b>1090</b>	Feet From The <b>North</b> Line and <b>1550</b>	Feet From The <b>East</b> Line	
Section <b>26</b>	Township <b>31N</b>	Range <b>10W</b>	<b>NMPM</b> , <b>San Juan</b>	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)	
<b>Giant Refining Company</b>	<b>P.O. Box 256 Farmington, N.M. 87499</b>	
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)	
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 4990 Farmington, N.M. 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>   Sec. <b>26</b>   Twp. <b>31N</b>   Rge. <b>10W</b>	Is gas actually connected? <b>Yes</b>   When ?

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.B.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**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**RECEIVED**  
**AUG 09 1990**

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MVCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**OIL CON. DIV**  
**DIST. 3**

**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.

FOR: **BASIN MINERALS, LTD.**  
**ORIGINAL SIGNED BY**  
**EWELL N. WALSH**  
Signature **Ewell N. Walsh** Agent  
Printed Name **8/8/90** Title **505 327-4892**  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **AUG 09 1990**  
By **ORIGINAL SIGNED BY ERNIE BUSCH**  
Title **DEPUTY OIL & GAS INSPECTOR, DIST. #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.

GENERAL INVESTIGATIVE  
DIVISION

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DIVISION OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

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