| | | | 5 |
|------------------|-----|---|---|
| DISTRIBUTION | | | |
| SANTA FE | | , | |
| FILE | | | |
| U.\$.G.\$. | | | |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |
| | | | |

NEW MEXICO OIL CONSERVATION COMMISSION

| DISTRIBUTION | NEW MEXICO OIL CO | OR ALLOWABLE | Supersedes Old C-104 and C-110 |
|--|--|--|--|
| SANTA FE | REQUEST | AND | Effective 1-1-65 |
| FILE | | | · c |
| U.S.G.S. | _ AUTHORIZATION TO TRAI | NSPORT OIL AND NATURAL GA | 72 |
| LAND OFFICE | | | |
| TRANSPORTER OIL GAS | | | |
| <u> </u> | ┥ | | |
| OPERATOR | \dashv | | |
| PRORATION OFFICE | | | |
| El Paso Natural Gas | s Company | | |
| PO Box 990, Farmin | ngton, NM 87401 | | |
| Reason(s) for filing (Check proper be | | Other (Please explain) | |
| 1 3 | Change in Transporter of: | | |
| New Well | | | |
| Recompletion | Oil Dry Gas | ' 片 | |
| Change in Ownership | Casinghead Gas Condens | sate | |
| If change of ownership give name and address of previous owner | | <u> </u> | |
| I. DESCRIPTION OF WELL AN | D LEASE | Kind of Lease | Lease No. |
| Legge Name | Well No. Pool Name, Including to | State (Federal | |
| Allison Unit | 41 Basin Dakota | State,\r eder#i | or Fee |
| Location | | | |
| | OO Feet From The South Line | e and 1600 Feet From T | he West |
| Unit Letter K : 150 | JU Feet From the Boutt Em | e did | |
| Line of Section 29 | Township 32N Range | 6W , NMPM, R | io Arriba County |
| | The same of the sa | e | |
| Name of Authorized Transporter of | ORTER OF OIL AND NATURAL GA | | |
| El Paso Natural G | | PO Box 990, Farmingt | on, NM 87401 |
| Name of Authorized Transporter of | Casinghead Gas or Dry Gas X | Address (Give address to which approv | ed copy of this form is to be sent) |
| | | PO Box 990, Farmington | on, NM 87401 |
| El Paso Natural Ga | s Company | Is gas actually connected? Whe | |
| If well produces oil or liquids, | Unit Sec. Iwp. Fige. | 1 | |
| give location of tanks. | K 29 32N 6W | | |
| | with that from any other lease or pool, | give commingling order number: | |
| If this production is commingled | With that from any other route of prose | | |
| V. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v |
| Designate Type of Comple | etion = (X) | X | |
| Designate Type of Company | | Total Depth | P.B.T.D. |
| Date Spudded | Date Compl. Ready to Prod. | | 8048' |
| 12-5 - 73 | 1-17-74 | 8066' | |
| Elevations (DF, RKB, RT, GR, etc | Name of Producing Formation | Top QQ/Gas Pay | Tubing Depth |
| 6373'GL | Dakota | 7856' | 8012' |
| 0070 02 | | | Depth Casing Shoe |
| Perforations | month model | 01 | 8066' |
| 7856',7901', 7806', | 7924', 7941', 7970' and 802 | O CENTRAL DECORD | |
| | TUBING, CASING, AN | D CEMENTING RECORD | SACKS CEMENT |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | |
| | 9.5/8" | 242' | 225 cu. ft. |
| 13 3/4" | 4 1/2" | 8066' | 1416 cu. ft. |
| 8 3/4" & 7 7/8" | 2 3/8" | 8012' | tubing |
| | 2 3/8 | UUIL | |
| | | | |
| V. TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be | after recovery of total volume of load oil | and must be equal to or exceed top ution |
| V. TEST DATA AND REQUEST | able for this d | lepth or be for full 24 ng | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Prop. purp. sda) | (etc.) |
| Date 1 flet New Ott Lift 10 1 gills | | · / MLULIVE | |
| | - Page 1980 | Casing Pressure | Chake Size |
| Length of Test | Tubing Pressure | | |
| | | JAN 2 8 197 | Ga - MCF |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbis. | 1 1 |
| Metant Lines manning and | | OIL CON. CON | <u>//</u> |
| | | DIST. 3 | |
| | | | |
| GAS WELL | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Actual Prod. Test-MCF/D | | | |
| 1380 | 3 hrs | | Chaha Sisa |