

DISTRIBUTION
PO Drawer DD, Alameda, NM 88210

1051 RICKLIN
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1. REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator _____

Address P&M PETROLEUM MANAGEMENT Well API No. _____

1600 Broadway, Suite 1700, Denver, CO 80202

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of:

Recompletion ☐ (X) ☐ Dry Gas ☐

Change in Operator ☒ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator Elliott A. Riggs, Box 711, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name HEATHER ANN	Well No. 1	Pool Name, Including Formation Verde Gallup	Kind of Lease State, Federal or Fee UTE	Lease No.
Location				
Unit Letter P : 660 Feet From The South Line and 992 Feet From The East Line				
Section 7 Township 31 North Range 14 West , 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)	
Pecos GARY ENERGY CORP.					P.O. Box 1183, Houston, TX 77001	
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)	
Gas Co. of NM					P.O. Box 26400, Albuquerque, NM	
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rge.	Is gas actually connected?	When?
	P	7	31N	14W		
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, RI, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
HOLE SIZE		TUBING, CASING AND CEMENTING RECORD				SACKS CEMENT			
CASING & TUBING SIZE		DEFINITION				OIL CON. DIV.			
		AUG 14 1992							
V. TEST DATA AND REQUEST FOR ATTACHMENT									

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL		DIST. 3	
(Test must be after recovery of total volume of food oil and must be equal to or exceed top allowable 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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Dbl. Condensate/MMCF	Gravity of Condensate
Testing Method (pore, back pr.)	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.

Signature Robert W. Peterson
 Printed Name ROBERT W. PETERSON Title Petroleum Engineer
 Date August 12, 1992 Telephone No. (303) 861-2470

OIL CONSERVATION DIVISION

Date Approved **AUG 14 1992**

By Bill Dwyer
Title SUPERVISOR DISTRICT 13

Title _____ SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 110-1

- 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-101 must be filed for each pool in multiply completed wells.