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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-110
 Effective 1-1-65

B.K.

API 30-045-23193

Operator
ENERGETICS, INC.

Address
102 Inverness Terrace East, Englewood, Colorado 80112

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name UTE 12	Well No. 24	Pool Name, including Formation VERDE GALLUP	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 1718
Location Unit Letter N ; 640 Feet From The SOUTH Line and 1650 Feet From The WEST				
Line of Section 12 Township 31N Range 15 , NMPM, SAN JUAN County				

III. 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) P.O. Box 256, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	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 Sec. Twp. Rge. Is gas actually connected? When
	N 12 31N 15W NO

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 03/05/79	Date Compl. Ready to Prod. 04/14/79	Total Depth 2540	P.B.T.D. 2540					
Elevations (DF, RKB, RT, GR, etc.) 6035 GL	Name of Producing Formation GALLUP	Top Oil/Gas Pay 2260	Tubing Depth 2528					
Perforations 2260-2528'	Depth Casing Shoe 2258							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	94	70					
7 7/8	5 1/2	2258	75					

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 Tanks 04/13/79	Date of Test 06/18/79	Producing Method (Flow, pump, gas lift, etc.) PUMPING		
Length of Test 24 hours	Tubing Pressure TSTM	Casing Pressure 40	Choke Size NONE	
Actual Prod. During Test	Oil - Bbls. 1	Water - Bbls. 0	Gas-MCF TSTM	

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

VI. 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.

John Alexander
JOHN ALEXANDER (Signature)
 AGENT
 (Title)

06/20/79
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 27 1979**, 19
 BY **Original Signed by A. R. Kendrick**
SUPERVISOR DISTRICT # 3

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 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.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.