Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, isimerats and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I. TO TRANSPORT OIL AND NATURAL GAS | | | | | | | | | | | | |
|---|--|---------------------------------------|--------------|------------|---------------|--|---------------------------------------|---------------|---|-----------------|------------|--|
| weil / | | | | | | | | | | | | |
| GREAT WESTERN DRILLING CO. | | | | | | | | | | | | |
| 2550 La Plata Hwy, Farmington, NM 87401 | | | | | | | | | | | | |
| Reason(s) for Filing (Check proper box) Other (Please explain) | | | | | | | | | | | | |
| New Well | | Change in | | • | _ | | | | | | | |
| Recompletion Oil Dry Gas X Change in Operator Casinghead Gas Condensate | | | | | | | | | | | | |
| If change of operator give name | Calubica | | Con | | | | | | | | | |
| and address of previous operator | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| II. DESCRIPTION OF WELL | : : | - | | 1 2: | -f1 | | ase No. | | | | | |
| PUBCO STATE COM Well No. 3 | | | | | | ng Formation cured Cli | ffe Evt | | Kind of Lease No. State, Federal or Fee B-5386, E-3 | | | |
| Location | <u></u> . | 1_3 | ртс | IIIC | 0 1100 | .ureu orr | IIS EAC. | | | B-1137 | 0 | |
| Unit LetterJ | :1 | 535 | _ Feet | From | n TheS | South Line | and164 | 0 Fe | et From The . | East | Line | |
| Section 36 Township 31N Range 11W NMPM. San Juan County | | | | | | | | | | | | |
| Section 36 Township 31N Range 11W , NMPM, San Juan County | | | | | | | | | | | | |
| III. DESIGNATION OF TRAN | SPORTE | ER OF O | IL A | ND | NATU | RAL GAS | | | | | | |
| Name of Authorized Transporter of Oil | Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas X | | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| GREAT WESTERN DRILLING CO. | | | | | | , | | | | on, NM 87 | | |
| If well produces oil or liquids, | Unit | | | | | | | When | | | | |
| give location of tanks. | J | <u> 36</u> | 311 | | 11W | N | | | | | | |
| If this production is commingled with that I IV. COMPLETION DATA | rom any ou | ner lease or | r pooi, | give | commung | ling order numb | | | | | | |
| | | Oil Wel | II | G | s Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | | _i | İ | | | | | 1 | l, | 1 | 1 | |
| Date Spudded | Date Com | ipi. Ready t | lo Proc | 1 . | | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| | Trans or Fromwing Formanon | | | | | | | | 1 south trebat | | | |
| Perforations | | | | | | · | · · · · · · · · · · · · · · · · · · · | | Depth Casi | ng Shoe | | |
| | | | | | | | | | <u> </u> | ···· | | |
| TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE | | | | | | CEMENTI | NG RECOR | | SACKS CEMENT | | | |
| HOLE SIZE | HOLE SIZE CASING & TUBING SIZE | | | | | DEFINSE | | | SAOKS CLINETY | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| V. TEST DATA AND REQUES | TFOR | AITOW | ARI | <u>F</u> | | <u> </u> | | | <u> </u> | | | |
| OIL WELL (Test must be after r. | | | | | il and mus | i be equal to or | exceed top all | owable for th | is depth or be | for full 24 hou | rs.) | |
| Date First New Oil Run To Tank | Date of To | | · · | | | · | thod (Flow, p | | | r in the | | |
| 1 | | | | | | | | Quoke Size | | | | |
| Length of Test | Tubing Pr | Tubing Pressure | | | | | Casing Pressure | | | | المعتدة أ | |
| Actual Prod. During Test | Oil - Bbls. | | | | | Water - Bbis. | | | Gas- MCF | <u> </u> | <u> </u> | |
| | | | | | | | | | DIL CON. DIV. | | | |
| GAS WELL | | | | | | | | • | | DIST. 3 | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| | | | | | | | | | | | | |
| esting Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | | Casing Pressu | ire (Shut-in) | | Choke Size | | | | |
| VI OPERATOR CERTIFIC | ATE O | E COM | | | CE | - | | | | | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation | | | | | | OIL CONSERVATION DIVISION | | | | | | |
| Division have been complied with and that the information given above | | | | | | AUG 0 7 1992 | | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | | | Date Approved | | | | | | |
| John & Thelia S. | | | | | | Bins Chang | | | | | | |
| Signature | | | | | | II BV | | | | | | |
| John B. Keeling(Div. Drlg & Prod. Supv.) | | | | | | SUPERVISOR DISTRICT /3 | | | | | | |
| <u>8-6-92</u> 327-0494 | | | | | | | | | | | | |
| Date | | Tel | lephon | ie No |). | | | | | | | |

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.