Appropriate District Office
DISTRICT 1
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, Antesia, 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 TO TRANSPORT OIL AND NATURAL GAS

A.		10 111	71421	JITI OIL	- און טווא	UNAL GA					
Operator							Well	API No.			
GREAT WESTERN DE	RILLING	CO.					, 				
Address											
2550 La Plata	Hwy, F	arming	ton, N	<u>IM 8740</u>							
Reason(s) for Filing (Check proper box)		<u> </u>			U Othe	t (Please expla	uh)				
New Well		Change in		(77)							
Recompletion	Oil	느	Dry Gas								
Change in Operator	Casinghe	ad Gas	Condens	iale 📗							
If change of operator give name and address or previous operator							1				
•							+				
II. DESCRIPTION OF WELL	AND LE	CASE									
Lease Name	Well No. Pool Name, Inclu				-			of Lease		ase No.	
PUBCO STATE COM	2 Blanco P			nco Pi	ctured C	liffs Ext	States	Federal or Fee	E-3150, B-113 E-5386		
Location									<u></u>	,———	
Unit Letter N	• 7	95	Feet Fm	in The So	uthLine	and 152	25 F	et From The	West	Line	
	- •	··		11. 11.0 <u>2.2</u>	<u> </u>		• '	~ I IOIII III		LINE	
Section 36 Townshi	ր 3	1N	Range	11W	, NN	ирм, Sar	Juan			County	
		•									
III. DESIGNATION OF TRAN	SPORT	er of o	IL ANI	NATU.	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give							ich approved	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Giw	address to wh	ich approved	copy of this for	m is to be se	nt)	
GREAT WESTERN DRILLIN	IG CO.						Hwy, Farmington, NM 87401				
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually		When		11 - WILL C	77401	
give location of tanks.	N	36	31N	11W	,			•			
If this production is commingled with that	from any o				ine order numb	er	1				
IV. COMPLETION DATA			hoor, Br.	· constant	ing older name						
		Oil Well		as Well	New Well	13/adama	-	1 5 5 1 Ia			
Designate Type of Completion	- (X)	1 On wen	' ' '	SE ACH	I MEM MEIL	Workover	Deepen	Plug Back S	ame Kes'v	Diff Res'v	
Date Spudded		npl. Ready to	n Drod		Total Depth	<u> </u>	 	 			
2-0 Op-200	Date Con	upi. Keady u	J 1100.		rom Depui			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	N	Name of Producing Formation				Pay		<u> </u>			
Lievadolia (Dr. Krb, KI, GR, elc.)	I VALUE OF					2 y		Tubing Depth			
Perforations	<u></u>			<u> </u>							
								Depth Casing	Shoe		
						· · · · · · · · · · · · · · · · · · ·		<u> </u>			
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	C/	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
							1				
											
								<u> </u>			
							+	 			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		<u> </u>		+	-l		*	
OIL WELL (Test must be after re	ecovery of 1	otal volume	of load oi	l and must	be equal to or	exceed ton allow	unhle for thi	e denth on he for	Gill 24 base		
Date First New Oil Run To Tank	Date of Test Tubing Pressure				t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
						(, <i>p.</i>	7	TO E C	e a w		
Length of Test					Casing Pressur	<u> </u>	+	Kinoke Size			
					Casing I Iceau			174			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		<u> </u>	Gas- MANG (7 1992		
		•			Water - Doll.			1			
CACAUCI	<u> </u>		 -	لـــــــــــــــــــــــــــــــــــــ			+	OIL CO		IV.	
GAS WELL								Ď!	ST. 3		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condens	te/MMCF	+	Gravity of Con	dentale		
	1									ļ	
esting Method (pitot, back pr.)	Tubing Pr	essure (Shut	-in)		Casing Pressur	e (Shut-in)	+	Choke Size			
	•				•	(=====		Choice Size			
I. OPERATOR CERTIFICA	ATE OF					·	<u> </u>				
Thereby certify that the miles and	ALC OF	COMP	LIAN	E		U CON	e Di	TION 5			
I hereby certify that the rules and regula Division have been complied with and the	tions of the	Oil Conser	vation			IL COM	∌EH \\	ATION D	IVISIO	N	
is true and complete to the best of my to	nompeque a nat file lilio	rmation give	above				A 110	G 0 7 1992			
, and some of my 2	no a scotte a	IM DELICE.			Date	Approved	AU	3 0 1 1332			
John B Weeler	مسر					, ippioted		Λ			
Signature	<u> </u>		· · · · · · · · · · · · · · · · · · ·		D		1	d.			
	iv. D≁1	lg & Pr	od c		Ву	·					
Printed Name	DI	-6 G II	Tille	''			UPERVIS	SOR DISTR	ICT #3		
8-6-92		327-04			Title_		<u></u>				
Date			phone No.								
					L						
INSTRUCTIONS: This form	in in k-	E1. 1.	• •								

s 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
- 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.