

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Revised 10-1-

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	NAT	
OPERATOR		
REGISTRATION OFFICE		
OPERATOR		

CNG Producing Company  
address  
Grass Wind Corporate Park Route Two Box 698 Bridge Port West Virginia 26630  
reason(s) for filing (Check proper box)  
new Well ☒ Change in Transporter of:  
recompletion ☐ Oil ☐ Dry Gas ☐  
change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Well Name <u>GRASSY CANYON</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease <u>NMNM 83503</u> State, Federal or Free <u>Federal</u>	L.
Location Unit Letter <u>G</u> : <u>1495</u> Feet From The <u>North</u> Line and <u>2645</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>32 N</u> Range <u>7 W</u> , NMPM.				

SIGNATION 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)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Well produces oil or liquids, and location of tanks.	Unit <u>G</u>	Sec. <u>30</u>
	Range <u>32N</u>	Range <u>7W</u>
	Is gas actually connected? <u>NO</u>	When <u>8/1/91</u>
If production is commingled with that from any other lease or pool, give commingling order number: _____		

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restr.	Dis.
<input checked="" type="checkbox"/> Spudded		<input checked="" type="checkbox"/>						
Date Compl. Ready to Prod. <u>11/28/90</u>	Total Depth <u>3676</u>		P.B.T.D. <u>3525</u>					
Formation (DF, RKB, RT, GR, etc.) <u>6845' 6h</u>	Name of Producing Formation <u>Basin Fruitland Coal</u>		Top Oil/Gas Pay <u>3415'</u>		Tubing Depth <u>3431</u>			
Formation <u>3415-25</u>	<u>3460-65</u>	<u>3475-90</u>	Depth Casing Shoe <u>3526</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>9 5/8" 36# K-55</u>	<u>328</u>	<u>293</u>
<u>8 3/4"</u>	<u>7" 23# K-55</u>	<u>3280'</u>	<u>259 265 1/2 3</u>
<u>5 1/2"</u>	<u>P-110 23#</u>	<u>3526</u>	<u>1427 1/2 3</u>
	<u>2 7/8 6.5 J55</u>	<u>3431</u>	<u>1/2</u>

TEST DATA AND REQUEST FOR ALLOWABLE WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed 10% of total volume of load oil for this depth or be for full 24 hours)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
in of Test	Tubing Pressure	Casing Pressure
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED  
JUN 18 1991

WELL

OIL CON. DIV.

1 Prod. Test - MCF/D <u>1178</u>	Length of Test <u>1 Hr</u>	Bbls. Condensate/MCF <u>310 H<sub>2</sub>O</u>	Gravity of Condensate <u>DIS-3</u>
Test Method (pilot, back pr.) <u>Pilot</u>	Tubing Pressure (Shut-In) <u>933</u>	Casing Pressure (Shut-In) <u>1451</u>	Choke Size <u>100</u>

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 is true and complete to the best of my knowledge and belief.

W.B. Martz  
(Signature)  
Operator  
(Title)  
6/11/91  
(Date)

OIL CONSERVATION DIVISION

SEP 27 1991

APPROVED \_\_\_\_\_, 18 \_\_\_\_\_  
BY \_\_\_\_\_ Original Signed by CHARLES GHULSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

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