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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR RAILROAD

Form
Copy
Dist. 3-116

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Acme Oil & Gas Company

Address: P. O. Drawer 570, Farmington, New Mexico

Reasons for filing (check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Castinhead Gas ☐ Condensate ☒

Change in Ownership ☐

If change of ownership give name and address of previous owner

III. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Decker</u>	<u>4</u>	<u>Blanco Mesaverte</u>	<u>State, Federal or Fee</u>	
Location				
Unit Center <u>N</u>	<u>900</u>	Feet From The <u>South</u>	Line and <u>900</u>	Feet From The <u>West</u>
Map or Survey	<u>10</u>	Township	<u>32N</u>	Range <u>12W</u> , <u>34PM</u> , San Juan County

IV. NAME OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Plateau</u>	<u>P. O. Box 168, Farmington, New Mexico</u>
Name of Authorized Transporter of Castinhead Gas ☐ or Dry Gas ☐	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. Range Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number

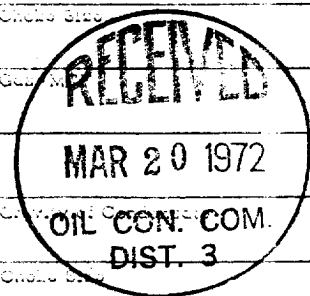
V. COMPLIANCE DATA

Designate Type of Completion - (X)	On Well	Gas Well	New Well	Workover	Deepen	Plug Back	Other (Specify)
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevation (S, M, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth				
Perforations	Depth Casing Set						
HOLE SIZE	CASING CEMENTING	CEMENT SET	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWANCE

(Flow test to be run after recovery of at least 100 barrels of fluid oil and must be equal to or exceed any other test for this depth or for previous tests)

Date First Flow Oil Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Notes After During Test	Oil-EGG	Water-EGG	Gas-EGG
Actual Prod. Test-MCF/D	Length of Test	EGG Condensate/MMCF	EGG Gas/MMCF
Testing Method (flow, back pr.)	Testing Pressure (EGG-EGG)	Casing Pressure (EGG-EGG)	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.

James E. Arnold
District Supervisor
March 20, 1972
(Date)

OIL CONSERVATION COMMISSION

MAR 20 1972

APPROVED BY Original Signed by Emory C. Arnold
TITLE SUPERVISOR DIST. #3

This form is to be filed in duplicate with the District Supervisor and the District Office. It is to be retained for a period of one year after the date of completion of the test. It is to be filed in duplicate with the District Supervisor and the District Office. It is to be retained for a period of one year after the date of completion of the test.