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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.

I.

Operator: Basin Fuels, Inc.

Address: 152 Petroleum Center Bldg., Farmington, NM 87401

Reason(s) for filing *(Check proper box)*

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Slick	2	Wildcat - Mesa Verde	State, Federal or Fee Federal	NM-0555841

Location

Unit Letter G ; 2310 Feet From The North Line and 2260 Feet From The East

Line of Section 7 Township 20N Range 5W , NMPM, McKinley County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Merit Oil Corporation

Address *(Give address to which approved copy of this form is to be sent)*: 152 Petroleum Center Bldg., Farmington, NM87401

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]: 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
	G	7	20N	5W	No	TSTM

If this production is commingled with that from any other lease or pool, give commingling order number: None

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-28-76	8-26-76	3010	2874
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6769 GR & 6781 KB	Point Lookout	2814	2795

Perforations: 2816-2823' & 2828-2836'

Depth Casing Shoe: 2964

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	8 5/8	101'	70 sacks class "B" + 2% $CaCl_2$ circulated
7 7/8	4½	2464	350 sacks Poz "A" 50-50 + 2% $CaCl_2$

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
9-3-76	9-8-76	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hrs	20	20	None
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
440	29	411	TSTM

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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, 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.

Jack D. Cook *(Signature)*
Agent *(Title)*
9-28-76 *(Date)*

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1976, 19____

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR 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 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.