

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3-2

|                          |             |
|--------------------------|-------------|
| NO. OF TOWNSHIP SECTIONS |             |
| ESTABLISHED              |             |
| SANTA FE                 |             |
| PLP                      |             |
| U.S.D.C.                 |             |
| LAND OFFICE              |             |
| TRANSPORTER              | OIL         |
|                          | NATURAL GAS |
| OPERATOR                 |             |
| PERMITTING OFFICE        |             |
| Operator                 |             |

Capital Oil &amp; Gas Corporation

Address

P.O. Box 1038 Kilgore, Texas 75662

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☒

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                                                                                                            |                |                                                       |                                        |     |                 |
|------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------|----------------------------------------|-----|-----------------|
| Lessee Name<br>S.F.P.R.R.                                                                                  | Well No.<br>42 | Pool Name, including Formation<br>Miguel Creek Gallup | Kind of Lease<br>State, Federal or Fee | Fee | Lease<br>0-9725 |
| Location                                                                                                   |                |                                                       |                                        |     |                 |
| Unit Letter <u>M</u> ; <u>330</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>South</u> |                |                                                       |                                        |     |                 |
| Line of Section <u>21</u> Township <u>16N</u> Range <u>6W</u> , NMPM, McKinley Court                       |                |                                                       |                                        |     |                 |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                  |                                                                          |            |             |            |                                  |      |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------|-------------|------------|----------------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |            |             |            |                                  |      |
| Inland Corporation                                                                                               | P.O. Box 1528, Farmington, New Mexico 8740                               |            |             |            |                                  |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |            |             |            |                                  |      |
|                                                                                                                  |                                                                          |            |             |            |                                  |      |
| If well produces oil or liquids,<br>give location of tanks.                                                      | Unit<br>L                                                                | Sec.<br>21 | Twp.<br>16N | Rge.<br>6W | Is gas actually connected?<br>No | When |

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

## COMPLETION DATA

|                                               |                                              |                        |                      |          |        |           |             |            |
|-----------------------------------------------|----------------------------------------------|------------------------|----------------------|----------|--------|-----------|-------------|------------|
| Designate Type of Completion - (X)            | Oil Well<br>XX                               | Gas Well               | New Well             | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res. |
| Date Spudded<br>7-7-81                        | Date Compl. Ready to Prod.<br>8-3-81         | Total Depth<br>817'    | P.B.T.D.<br>816'     |          |        |           |             |            |
| Elevations (DF, RKB, RT, GR, etc.)<br>6406 GR | Name of Producing Formation<br>Hospah-Gallup | Top Oil/Gas Pay<br>742 | Tubing Depth<br>755' |          |        |           |             |            |
| Perforations<br>744 - 753                     | Depth Casing Shoe<br>816'                    |                        |                      |          |        |           |             |            |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |
|-----------|----------------------|-----------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET |
| 7 7/8"    | 5 1/2"               | 816'      |
|           |                      |           |
|           |                      |           |

TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL.(Test must be after recovery of total volume of lost oil and must be equal to or exceed top oil  
able for this depth or be for full 24 hours)

|                                             |                         |                                                       |                    |
|---------------------------------------------|-------------------------|-------------------------------------------------------|--------------------|
| Date First New Oil Run To Tanks<br>10-16-81 | Date of Test<br>11-4-81 | Producing Method (Flow, pump, gas lift, etc.)<br>Pump |                    |
| Length of Test<br>24                        | Tubing Pressure<br>--   | Casing Pressure<br>--                                 | Choke Size<br>Full |
| Actual Prod. During Test<br>15.5            | Oil - Bbls.<br>9.5      | Water - Bbls.<br>6                                    | Gas - MCF<br>--    |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size            |

## CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.

Representative

(Signature)

(Title)

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE \_\_\_\_\_

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

If this is a request for allowable for a newly drilled or deeper  
well, this form must be accompanied by a tabulation of the deviat.  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of conditioSeparate forms C-104 must be filed for each pool in multi  
completed wells.