

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

NO. OF COPIES DESIRED	
ESTIMATED TIME	
SANTA FE	
PHIP	
U.S.G.O.	
LAND OFFICER	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PERMITS OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3-l.

Operator
Capital Oil & Gas Corporation

Address
P.O. Box 1038 Kilgore, Texas 75662

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recombination Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lessee Name S.F.P.R.R.	Well No. 42	Pool Name, including Formation Miguel Creek Gallup	Kind of Lease State, Federal or Fee	Fee	Lease 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 Cour					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) 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, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	L 21 16N 6W No

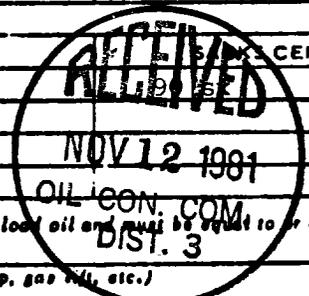
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

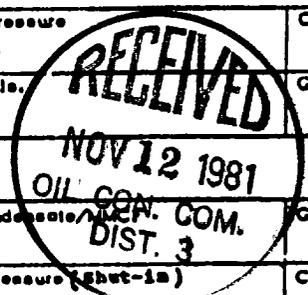
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
7 7/8"	5 1/2"	816



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 of able for this depth or be for full 24 hours)

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



GAS WELL

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

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

Dary Blank
(Signature)
Representative
11-10-81
(Date)

OIL CONSERVATION DIVISION

NOV 12 1981

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