

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501RECEIVED
APR 26 1983
-104
Revised 10-1-78OIL CON. DIV.
DIST. 3REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Woosley Oil Company	
Address P.O. Box 1227, Cortez, Colorado 81321	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Designation of Transporter
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Folk and Burge Oil Co.

DESCRIPTION OF WELL AND LEASE		Blue Mesa Mesaverde	
Lease Name FBC Federal	Well No. #1	Pool Name, Including Formation Wildcat Mesaverde Mesaverde	Kind of Lease Federal
Location		State, Federal or Fee	Lease No. NM-17184
Unit Letter <u>L</u> ; <u>1870</u> Feet From The <u>South</u> Line and <u>860</u> Feet From The <u>West</u>			
Line of Section <u>12</u> Township <u>19N</u> Range <u>5W</u> , NMPM,		McKinley County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156 Phoenix, Arizona 85068
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. Same	Unit L Sec. 12 Twp. 19N Rge. 5W
Is gas actually connected?	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)	X
Date Spudded 3-28-82	Date Compl. Ready to Prod. 10-8-82
Elevations (DF, RKB, RT, GR, etc.) 6561' GR	Name of Producing Formation Menefee
Perforations 1946-56, 1960-70, 1986-90, 1992-2002	2/ft
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE 9"	CASING & TUBING SIZE 7 5/8"
6 1/4"	4 1/2"
	2 3/8 EUE
DEPTH SET 88.7'	2104'
	1978'
SACKS CEMENT 6 SXS	160 SXS

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)	
Date First New Oil Run To Tanks Oct. 8, 1982	Date of Test 10-9-82
Length of Test 24 hrs	Producing Method (Flow, pump, gas lift, etc.) Pumping (Cabot D-30)
Actual Prod. During Test	Tubing Pressure 25#
	Casing Pressure 25#
	Choke Size Open
	Oil - Bbls. 60
	Water - Bbls. 3 (frac wtr)
	Gas - MCF 5250 on off at ft.

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	12-13-82 APPROVED BY <u>James P. Woosley</u> SUPERVISOR DISTRICT # 3
<u>James P. Woosley</u> (Signature) <u>operator</u> (Title)	TITLE 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.