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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
DIETRICH RESOURCES CORPORATION
Address
410 Seventeenth Street, #2450, Denver, Colorado 80202

Reason(s) for filing (Check proper box)

New Well ☐
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

Not applicable

II. DESCRIPTION OF WELL AND LEASE

Lease Name E-Ton-Nah-Gah 8	Well No. 43	Pool Name, including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NCO-C-1 20-5604
Location Unit Letter <u>I</u> ; <u>2,090</u> Feet From The <u>South</u> Line and <u>450</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>23 North</u> Range <u>7 West</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Mesa Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Post Office Box 2009, Amarillo, Texas 79189			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 8	Twp. 23N	Rge. 7W
	Is gas actually connected?		When	
	YES		4:25 PM, May 20, 1982	

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

IV. 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. Res
Date Spudded 12-5-80	Date Compl. Ready to Prod. 12-31-80		Total Depth 5,734'		P.B.T.D. 5,704'			
Elevations (DF, RKB, RT, GR, etc.) 7,126' KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5,407'		Tubing Depth 5,364'			
Perforations 5408; 5410; 5412; 5414; 5416; 5418; 5433; 5435; 5437; 5523; 5525; 5527; 5543; 5569; 5571; 5585; 5587; 5589; 5610; 5612; 5614; 5632; 5634; 5659; 5661; 5681; 5683					Depth Casing Shoe 5,730'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" - 23#		349		275			
7-7/8"	4-1/2" - 10.5#		5,730		775			
	2-3/8" - 4.7#		5,364					

V. 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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-14-80	Date of Test 2-1-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure TSTM	Casing Pressure 20 psi	Choke Size N/A
Actual Prod. During Test 14 barrels	Oil-Bbls. 13	Water-Bbls. 1	Gas-MCF 60

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistos, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
DIETRICH RESOURCES CORPORATION

By Ray E. Dietrich
Ray E. Dietrich (Signature)
President

December 13, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 16 1982, 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 deviate 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.