STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** *** ******					
DISTRIBUTION					
BANTAFE					
FILE					
U.S.a.s.	I				
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR:					
PROBATION OF					

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

PRORATION OFFICE	ALITI	H0217	ATION T	O TRAN	POPT OIL	AND NATE	IDAL CAS		
<u>I</u> .		. 10112					NAL OAS		
Operator									-
PITCO Production	on Compan	ıy							
Address		-							
1790 One Wi <u>lli</u> a	ams Cente	er, Tu	ulsa, (0k1aho	na 7417:	2			
Resson(s) for filing (Check proper b	ox)					Other (Pleas	e explain)		
New Vali	Chan	ge in T	ransporter	of:					
Recompletion	;	011		<u>_</u>	Dry Gas				
Y Change in Ownership		Casingh	ead Gas		Condensate				
Mahara of assemble size and									
If change of ownership give name and address of previous owner	MCO Re	sour	ces (Ir	ntegra	ted) Cor	p., form	merly Integr	ated Energy,	Inc.,
MCO Plaza, 5718	3 Westhei	mer,	Houst	on, Te	xas 7705	57.			
II. DESCRIPTION OF WELL A	ND LEASE								
Lease Name	Well	No. Po	ool Name, I	including	notion		Kind of Lease	_	Lease No.
Dane Rusty 24-22-7	1		Rι	isty C	nacra		State, Federal or	F•• Federal	NM-6680
Location									
Unit Letter J ;	L840 Feet	From	rhe_Sot	ith t	ne and	1520	Feet From The	East	
Line of Section 24	Township	22N_		Range	7W	, NMPI	Sandov.	a1	County
						•			
III. DESIGNATION OF TRAN					L GAS				
Name of Authorized Transporter of (on 🗀	or Cend	ensate	3	Adatoss	Give address	to which approved	copy of this form is t	o be sent)
Name of Authorized Transporter of C	Casinghead Ga	IB 🔲	or Dry G	as XX	Address	Give address	to which approved	copy of this form is t	o be sent)
Texaco Oils Inc	2.		•		P. (Box 52	2332, Housto	n, Texas 7705	52
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas ac	tually connec	ted? When		
give location of tanks.	· · ·					es	1	5-7-82	
If this production is commingled	with that fea	m env	other less	e or pool	give com	ningling ord	er number:		
•					, 5				
NOTE: Complete Parts IV an	d V on reve	rse side	e if neces	sary.					
	LANCE				11	טווס	CONSERVATIO	N DIVISION	
VI. CERTIFICATE OF COMPL	IANCE				II		JC. 10L. 17A 110		1986
I hereby certify that the tules and regul	lations of the C	Dil Cons	ervation Di	vision have	APPR	OVED	(MAR 2,8	1200

BY.

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.

SUPERVISOR DISTRICT # 3

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.

Separate Forms C-104 must be filed for each pool in multiply

pleted wells.

(Title)
March 25, 1986

(Signature) Landman

been complied with and that the information given is true and complete to the best of

my knowledge and belief.

Rick Couch

CIL CON 1986 LOIST, 3 OIV

Designate Type of Complet	ion - (X)	Gas Well	New Well	Motkovet	Deepen	Plug Back	Same Restv	Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.		Total Dept	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation		Top Oll/Gas Pay			Tubing Depth			
Perforations	<u> </u>	<u> </u>			Depth Casing Shoe				
	TUBING, C	CASING, AN	D CEMENTI	NG RECOR	D	1			
HOLE SIZE	CASING & TUBIN		DEPTH SET			SACKS CEMENT			

			<u>i </u>	·					
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (7	Test must be a ble for this d	after recovery lepth or be for	of total volume.	ne of load oil)	land must be e	qual to or exc	eed top allcu	
Date First New Oli Run To Tanks	Date of Test		Producing Method (Flow, pump, gas lift, etc.)				•		
Length of Test	Tubing Pressure	 · · · · · · · · · · · · · · · · · ·	Casing Pressure			Choke Size			
Actual Prod. During Test	Oii - Bbls.		Water - Bbis	· · · · · · · · · · · · · · · · · · ·		Gas-MCF			
To commend the second the second	1							· · · · · · · · · · · · · · · · · · ·	
GAS WELL									
Actual Prod. Test-MCF/D	Length of Test		Bbis. Cond	lensqte/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	in)	Casing Pre	eewe (Shut-	·in)	Choke Size		•	

IV. COMPLETION DATA