

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Veteran Exploration, Inc.		Well API No. 30-043-20856
Address 4643 S. Ulster, Suite 1190 Denver, Co. 80237		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

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OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Isidro	Well No. 12-10	Pool Name, Including Formation Rio Puerco-Mancos	Kind of Lease State, Federal or Fee	Lease No. NM-36096
Location Unit Letter <u>J</u> : <u>1545</u> Feet From The <u>South</u> Line and <u>1420</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>20N</u> Range <u>3W</u> , NMPM, San Doval 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"/> Gary Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) N/A					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 12	Twp. 20N	Rge. 3W	Is gas actually connected? N/A	When? N/A

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 11/9/90	Date Compl. Ready to Prod. 12/24/90		Total Depth TVD 4235 MD 6130		P.D.T.D. 3470 MD 6132 MD			
Elevations (DF, RKB, RT, GR, etc.) GL6973KB6986	Name of Producing Formation Mancos		Top Oil/Gas Pay 3740, 3471		Tubing Depth 4000'			
Perforations 3471 - 5000 OH					Depth Casing Shoe 3406'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 3/4	9 5/8 - 2 7/8	3406 TVD	680 X
8 3/4	7" - 2 7/8	5000 MD	N/A
	13 3/8	130	150 ST
	2 7/8	4000	

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 12/28/90	Date of Test 1/22/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 75 psi	Casing Pressure 75 psi	Choke Size Back Pressure Reg.
Actual Prod. During Test 232	Oil - Bbls. 232	Water - Bbls. 0	Gas - MCF 61 MCF

GAS WELL N/A

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

VI. OPERATOR 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.

Signature Robert P. Jacobsen President
Printed Name Robert P. Jacobsen Title
Date 1/31/91 (303) 740-8885
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 06 1991

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.