

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator <u>VETERAN Exploration, Inc.</u>		Well API No.
Address <u>4643 So. Uten St, STE 110, Denver, Co 80237</u>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SAN ISIDRO</u>	Well No. <u>D-10</u>	Pool Name, Including Formation <u>Bio Perco - Mancos</u>	Kind of Lease State <input checked="" type="radio"/> Federal <input type="radio"/> Fee	Lease No. <u>NM-36096</u>
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, <u>SAN BUAL</u> 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"/> <u>Early Production Energy Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Bloomfield, NM, 87413</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>N/A</u>	Address (Give address to which approved copy of this form is to be sent) <u>N/A</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>12</u>	Twp. <u>20N</u>	Rge. <u>3W</u>	Is gas actually connected? <u>N/A</u>	When? <u>N/A</u>

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 <u>11-9-90</u>	Date Compl. Ready to Prod. <u>12-24-90</u>		Total Depth <u>4235</u>		P.B.T.D. <u>6132 MD</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>66973 KB 6984</u>	Name of Producing Formation <u>MANCOS</u>		Top Oil/Gas Pay <u>3740</u>		Tubing Depth <u>4000'</u>			
Perforations					Depth Casing Shoe <u>3406'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>12 3/4</u> <u>8 3/4</u>	CASING & TUBING SIZE <u>9 5/8 - 2 7/8</u> <u>7" - 2 7/8</u>		DEPTH SET <u>3406 TVD</u> <u>5000 MD</u>		SACKS CEMENT <u>680</u> <u>N/A</u>			

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 <u>TEST DATA</u>	Date of Test <u>IS NOT COMPLETE AT THIS TIME</u>	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Gas - MCF	

RECEIVED

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) <u>DIST. 3</u>	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. Jacobson Pres.
Printed Name Robert P. Jacobson Title
Date 12/24/90 Telephone No. (303) 740 8885

OIL CONSERVATION DIVISION

Date Approved DEC 28 1990

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

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