

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 DOYLE E. BAXTER dba(SOROCO, INC.)		Well API No. 30 03905 272
Address P.O. BOX 27 BLOOMFIELD, NEW MEXICO 87413		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator MCELVAIN OIL & GAS PROPERTIES, INC. P.O. BOX 2148 SANTA FE, NM 87504-2148		

II. DESCRIPTION OF WELL AND LEASE

Lease Name R.R. ZANOTTI USA	Well No. 1	Pool Name, Including Formation ES CRITO GALLUP	Kind of Lease State, Federal or Fee	Lease No. S.F. 080107
Location Unit Letter C : 560 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 34 Township 24 NORTH Range 7 WEST , 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"/> GARY WILLIAMS CORP.	Address (Give address to which approved copy of this form is to be sent) 370 17th. ST. STE. 5300 DENVER COLO.					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX. 79978					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 34	Twp. 24N	Rge. 7W	Is gas actually connected? NO	When ?

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.F.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 in the full 24 hours)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size JUN 4 1993
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIV. DIST. 3

GAS WELL

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 Doyle E. Baxter
Printed Name DOYLE E. BAXTER Title OWNER
Date 6-3-93 Telephone No. 632-8387

OIL CONSERVATION DIVISION

Date Approved JUN 4 1993
By Barry J. Shamp
Title SUPERVISOR DISTRICT #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.