MERCY AND MINERALS DEPARTMENT OBTRIBUTION SANTA FE FILE U.S.O.S. LAND OFFICE TRANSPORTER OAB OPERATOR PROBATION OFFICE

OIL CONSERVATION DIVISION P. O. HOX 2088 SANTA FE, NEW MEXICO 87501

	LAND OFFICE	REQUEST FOR ALLOWARIE															
	TRANSPORTER GAS	AND															
i.	PROBATION OFFICE																
	Minel, Inc.																
	Address 120 Washington, SE DECEMBER																
	Albuquerque, NM 87108																
	Reason(s) for filing (Check proper by New Wall	Other (Please explain) FEB 2 9 1984															
	Recompletion			Gas		011 0=	011 00										
	Change in Ownership	Casinghead G	F	ndensate		OIL CON. DIV.											
	If change of ownership give name and address of previous owner				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DIST	3										
	DESCRIPTION OF WELL AN	D LEASE					*										
	Lease Name	Well No. Hoo	Manie Including		Kind of L			Lease No.									
	PPC	1R 3	posit o Pict	ured Cliff	S State, Fed	leral or Fee Fed	eral ST	-080566-									
		90 Feet From Th	e North	ine and 890	Fact Fr	om TheWest											
																	
l	Line of Section 7	Cownship 25 Nor	th Range 3	West	, NMPM, Rio	Arriba		County									
. [DESIGNATION OF TRANSPO- Name of Authorized Transporter of C		D NATURAL G		address to which ap	proved copy of this	lors is to l										
	Teme of Notificial Transporter of C	on Conde		Add: ess (Otte	datess to writer ap	proved copy by this	orm is to t	pe sent)									
Ì	Name of Authorized Transporter of C	or Dry Gas 🔀	1		which approved copy of this form is to be sent)												
	El Paso Natural G					ton, NM 874	on, NM 87499										
	If well produces oil or liquids, give location of tanks.	, ont paec.	nit Sec. Twp. Rge.		ls gas actually connected? When No		Soon										
	f this production is commingled v	vith that from any otl	her lease or pool,	give comming!	ing order number:												
	Designate Type of Complet	ion - (X)	Gas Well	New Well W	orkover Deepen	Plug Back Sc	me Res'v.	Diff. Restv.									
1	Date Spudded	Date Compl. Ready		Total Depth	11	P.B.T.D.		<u>i</u>									
-	1/24/84 2/2 Elevations (Dt 3, RT, CR, etc.) Name of Pr		Formation	4000'		397	<u>'2'</u>										
	Fievations (DF R, RT, GR, etc.) Name of Pro 7277' GR Picture			Top Oil/Gas Pay 3822		Tubing Depth None											
1	Perforations			Depth Casing S													
-	3822-70, 3876-78	D CEUENZING	DECODO	398	32' GR	···· - · · · · · · · · · · · · · · · · · · ·											
F	HOLE SIZE CASING & TUB			D CEMENTING RECORD DEPTH SET		SACKS CEMENT											
9–7/8''		7"	7''		199		60										
-	6-1/4" 2-7/8"			39	82	59	590										
-			1	 													
	EST DATA AND REQUEST F	FOR ALLOWABLE		fter recovery of to	otal volume of load o	il and must be equal	to or exce	ed top allow-									
_	OIL WELL Date First New Oil Run To Tanks	Date of Test	4016 701 1/114 42		od (Flow, pump, gas	lift, etc.)	**										
Ļ		7.54.				100											
Length of Test Tub		I uping Pressure	ubing Pressure		Casing Pressure		Choke Size										
Actual Prod. During Test Oil-		Oil-Bbls.	-Bbls.		Water - Bbls.		Gas-MCF										
_				<u> </u>													
_	AS WELL																
,	Actual Prod. Test-MCF/D 127	127 Length of Test 3 hours		Bbls. Condensate/MMCF Dry Gas		Gravity of Condensate											
7	eeting Method (pitot, back pr.)			Cosing Pressure (Shut-in)		Choke Size											
	Back Pressure	None		740		1/2"											
C	ERTIFICATE OF COMPLIAN	CE		3-8-84	OIL CONSERVA												
t i	hereby certify that the rules and	regulations of the O.	I Conservation	APPROVED	·	MAR 08 19	<u>84. 19</u>										
Di	vision have been complied with	and that the inform	nation given	BY													
.			Olinea	/ISOR DISTRICT # 3													
12																	
	(mrhi	Little		m is to be filed in	•		-										
Agent (Title) 2/27/84 (Date)				If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. 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 completed wells.								