

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator <u>N M & O Operating Company</u>		Well API No.
Address <u>2200 Phil Tower Bldg., Tulsa OKLA. 74103</u>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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>GAULAN Federal</u>	Well No. <u>#2</u>	Pool Name, Including Formation <u>Blanco Mesa Verde</u>	Kind of Lease <u>State (Federal or Fee)</u>	Lease No. <u>5F-081296</u>
Location Unit Letter <u>J</u> : <u>1,846</u> Feet From The <u>FEL</u> Line and <u>4,827</u> Feet From The <u>FSL</u> Line Section <u>26</u> Township <u>25N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>GIANT REFINING COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 256 Farmington, NM 87499</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>EL PASO Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 990 Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>5</u>	Sec. <u>26</u>	Twp. <u>25N</u>	Rge. <u>2W</u>	Is gas actually connected? <u>YES</u>	When? <u>1-27-86</u>

If this production is commingled with that from any other lease or pool, give commingling order number: NA

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded <u>5-13-84</u>	Date Compl. Ready to Prod. <u>12-2-90</u>	Total Depth <u>8,200</u>		P.B.T.D. <u>5,880'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>7404 GR</u>	Name of Producing Formation <u>MESA VERDE</u>	Top Oil/Gas Pay <u>5,653-68</u>		Tubing Depth <u>5,645'</u>				
Perforations <u>5,653-68</u>	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe <u>8193</u>					
HOLE SIZE <u>12 1/4"</u> <u>8 3/4"</u>	CASING & TUBING SIZE <u>9 5/8"</u> <u>7"</u> <u>2 3/8"</u>	DEPTH SET <u>215'</u> <u>8193</u> <u>5645'</u>	SACKS CEMENT <u>110 5X</u> <u>1325 5X</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	Date of Test	Producing Method (Give name of test)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <u>600 MCF/D</u>	Length of Test <u>4 1/2 HRS</u>	Bbls. Condensate/MMCF <u>X</u>	Gravity of Condensate <u>NA</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>1700#</u>	Casing Pressure (Shut-in) <u>1740#</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
Christopher L. Phillips
Printed Name
CHRISTOPHER L. PHILLIPS
Title
V.P.
Date
January 29, 1991
Telephone No.
98-584-3502

OIL CONSERVATION DIVISION

Date Approved
APR 24 1991
By
Barry D. Shum
Title
SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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-101 must be filed for each pool in multiply completed wells.