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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Curtis J. Little
Address	P.O. Box 1258 Farmington, NM 87499
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE				Lease No.
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	State
Salazar	8	So. Blanco Pictured Cliffs	State, Federal or Fee	E-291-7
Location				
Unit Letter	K	: 1820 Feet From The South Line and 1830 Feet From The West		
Line of Section	23	Township 25 North	Range 6 West	County
NMPM, Rio Arriba				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company				P.O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					No Soon

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
12-16-84	1-23-85	3476		3459					
Elevations (D/H, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
6492 KB	Pictured Cliffs	2486		2622					
Perforations		2486, 2488, 2492, 2494, 2496, 2498, 2500, 2502, 2504, 2506, 2508		Depth Casing Shoe					
2510, 2512, 2514, 2526, 2578, 2580, 2586, 2588 (19 holes)				3476 KB					

TUBING, CASING, AND CEMENTING RECORD				SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
9 7/8"	7"	109 GL	35 sx (41 CF) Circ.		
6 3/4"	4 1/2"	3476	255 sx (536 CF) Circ.		

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-MCF

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	0	
586	3 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	none	781	1/2

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)	Operator
(Title)	
February 19, 1985	(Date)

OIL CONSERVATION DIVISION	
FEB 21 1985	
APPROVED	Original Signed by FRANK T. CHAVEZ
BY	SUPERVISOR DISTRICT # 3
TITLE	

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple.