

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-85

30861T

RECEIVED

MAR 31 1986

OIL CON. DIV.  
DIST. 3

Operator  
Minel, Inc.  
Address  
457-C Washington SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	THIS IS 30-DAY TEMPORARY	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	ALLOWABLE IS FOR COMPLETION OF	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	WELL.	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Minel Federal	Well No. NZ 1	Pool Name, including Formation Ojito Gallup-Dakota	Kind of Lease State, Federal or Fee	Lease No. SF-080566-A
Location Unit Letter C : 1180 Feet From The North Line and 1850 Feet From The West Line of Section 1 Township 25N Range 3W, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Giant Refining Company	PO BOX 9156, Phoenix, AZ 85068					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	PO BOX 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 1	Twp. 25N	Rge. 3W	Is gas actually connected? yes	When 3/26/86

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Some Rest'v.	Diff. Rest'v.
Date Spudded 11/22/85	Date Compl. Ready to Prod. 1/27/86	Total Depth 8357'	P.B.T.D. 8352					
Elevations (DF, RKB, RT, GR, etc.) 7319 KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6779'	Tubing Depth 6780'					
Perforations 8094-8264 and 7206-7679			Depth Casing Shoe 8369'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	228'	150sx (177CF) Class I
8-3/4"	4-1/2"	8369'	1st Stage-441sx 50-50 poz (635CF)
			2nd Stage-417sx 65-35 poz (797CF)
			3rd Stage-1158sx 65-35 poz tailin
			w/50sx (1935CF) circulated.

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 Tanks 1/27/86	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 60	Water-Bbls. 50 fracwater	Gas-MCF 20 est.

GAS WELL Tubing to be lowered and well tested within 30 days

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. G. Searles  
(Signature)  
ASSISTANT SECRETARY  
(Title)  
3-27-86  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened 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 multiple completed wells.